VISION PLAN COMPARISON

| | Davis Option 1 | Davis Option 2 | VBA Option 1 | VBA Option 2 | |
|---|---|---|---|--|--|
| Frequency | | | | | |
| Eye exams, lenses, contacts | Once per 2 calendar years for ages 19+; Once per calendar year through age 18 | Once per calendar year for all ages | Once per 2 calendar years for ages 19+; Once per calendar year through age 18 | Once per calendar year for all ages | |
| Spectacle frames | Once per 2 calendar years for all ages | ioi un ages | Once per 2 calendar years for all ages | ioi un ages | |
| Eye Examination | | | | | |
| Eye exam with dilation Contact lens evaluation and fitting | Paid in Full | | Paid in Full 15% off UCR | | |
| | | | 15% off OCK | | |
| Spectacle Lenses (patient payment) | | | | | |
| All ranges of prescriptions and sizes | \$0 | | \$0 | | |
| Polycarbonate lenses | \$0 / \$35 ² | | \$0 | | |
| Oversize lenses | \$(| | \$0 | | |
| Standard progressive addition lenses ¹ | \$65 | \$0 | Available starting at \$45 | \$0 | |
| Gradient tinting, ultraviolet coating ¹ | \$15 | | \$12 | | |
| Scratch resistant coating ¹ | \$20 | | \$0 | | |
| Blended bifocals ¹ | | | | | |
| Corning photo-chromatic lenses ¹ | | | \$18 (single vision) / \$28 (multi-view vision) | | |
| Standard anti-reflective coating (ARC) ¹ | \$40 | | \$40 | | |
| Frames | | | | | |
| Non-Collection | \$70 allowance (\$120 at Visionworks) | \$110 allowance (\$160 at Visionworks) | | | |
| The Exclusive Collection (in lieu of allowance) | | | \$40 wholesale allowance | \$60 wholesale allowance | |
| Fashion (up to \$100 retail value) | Paid in Full | | (approx. \$100 – \$120 retail value) | (approx. \$150 – \$180 retail value) | |
| Designer (up to \$175 retail value) | Patient pays \$20 | | | | |
| Premier (up to \$200 retail value) | Patient pays \$40 | | | | |
| Contact Lenses (in lieu of eyeglasses) | | | | | |
| Non-Collection | \$100 allowance ³ | \$145 allowance ³ | | | |
| The Exclusive Collection | 2 boxes planned replacement / 4 boxes disposable | | \$140 allowance | \$160 allowance | |
| Medically necessary (prior approval) | | Included | | 100% | |
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¹For plan payments for other specialty options, out-of-network reimbursement schedule, or value added features, see the HR website for links to additional information and the carriers.

²In Davis Vision plans, polycarbonate lenses covered in full for dependent children, monocular patients, and patients with prescriptions +/- 6.00 diopters.

³Can be applied toward disposable or specialty contact lenses (including extended wear, hard/soft bifocal and gas permeable lenses).