Horizon Vista II (Horizon/Davis Vision View Network)

| | | | Horizon Vista II | |
|--|--------------------------------------|--------------------------|--|--|
| | | | Frequency — Once Every: | |
| Eye examination includ | ding dilation (when professionally i | ndicated) | 12 months | |
| Spectacle lenses | | | 12 months | |
| Frame | | | 24 months | |
| Contact lens evaluation, fitting and follow-up care | | | 12 months | |
| Contact lenses (in lieu of eyeglasses) | | | 12 months | |
| | | | Copayments | |
| Eye examination | | | \$10 | |
| Spectacle lenses | | | \$25 | |
| Eyeglass Benefit — Frame | | | Member Charges | |
| Non-Collection frame allowance (retail): | | | Up to \$100 or \$150 ¹ plus a 20% discount ² on any overage | |
| Davis Vision Frame Co | llection³ (in lieu of allowance): | | | |
| – Fashion level | | | Included | |
| – Designer level | | | \$15 | |
| – Premier level | | | \$40 | |
| Eyeglass Benefit — S | pectacle Lenses | | | |
| Clear plastic single-vision, lined bifocal, trifocal or lenticular lenses (any Rx) | | | Included | |
| Oversize lenses | | | Included | |
| Tinting of plastic lenses | | | \$15 | |
| Scratch-resistant coating | | | Included | |
| Polycarbonate lenses ⁴ | | | \$0 or \$35 | |
| Ultraviolet coating | | | \$15 | |
| Anti-reflective (AR) coating (standard / premium / ultra) | | | \$40 / \$55 / \$69 | |
| Progressive lenses (standard / premium / ultra) | | | \$65 / \$105 / \$140 | |
| Intermediate-vision lenses | | | \$30 | |
| High-index lenses | | | \$60 | |
| Polarized lenses | | | \$75 | |
| Plastic photosensitive lenses | | | \$70 | |
| Scratch Protection Plan: Single vision / Multifocal lenses | | | \$20 / \$40 | |
| Contact Lens Benefit | (in lieu of eyeglasses): | | | |
| Contact lenses: Materials allowance | | | Up to \$100 plus a 15% discount ² on any overage | |
| Evaluation, fitting and follow-up care — standard and specialty lens types | | | 15% discount² | |
| Visually required contact lenses (with prior approval) Materials, evaluation, fitting and follow-up care | | | Included | |
| Out-of-Network Reim | bursement Schedule — Up to: | | <u></u> | |
| Eye examination: \$40 | Single-vision lenses: \$40 | Trifocal lenses: \$80 | Elective contact lenses: \$80 | |
| Frame: \$50 | Bifocal/progressive lenses: \$60 | Lenticular lenses: \$100 | Medically necessary contact lenses: \$22 | |

¹ Enhanced \$50 frame allowance is available at all Visionworks locations nationwide 2 Discount not applicable at Walmart, Sam's Club or Costco.

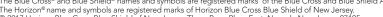
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³ Davis Vision Collection is available at most participating independent provider offices. Frame collection is subject to change.
4 Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.