

# Hackensack Meridan Health Vision Plan - Base Option

		Frequency — Once Every:	
Eye examination including dilation (when professionally indicated)		12 months	
Spectacle lenses		12 months	
Frame		12 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		\$20	
Contact lens evaluation, fitting and follow-up care		\$0 <sup>1</sup>	
Eyeglass Benefit — Frame		Member Charges	
Non-Collection frame allowance (retail):		Up to \$150 or up to \$200 <sup>2</sup> plus a 20% discount <sup>3</sup> on any overage	
Davis Vision Frame Collection <sup>4</sup> (in lieu of allowance):			
– Fashion level		Included	
– Designer level		Included	
– Premier level		Included	
Eyeglass Benefit — Spectacle Lenses			
Clear plastic single-vision, lined bifocal, trifocal or lenticular lenses (any Rx)		Included	
Oversize lenses		Included	
Tinting of plastic lenses		Included	
Scratch-resistant coating		Included	
Polycarbonate lenses <sup>5</sup>		\$0 or \$30	
Ultraviolet coating		\$12	
Anti-reflective (AR) coating (standard / premium / ultra)		\$35 / \$48 / \$60	
Progressive lenses (standard / premium / ultra)		\$50/\$90/\$140	
High-index lenses		\$55	
Polarized lenses		\$75	
Plastic photosensitive lenses		\$65	
Scratch Protection Plan: Single vision / Multifocal lenses		\$20 / \$40	
Contact Lens Benefit (in lieu of eyeglasses):			
Contact lenses: Materials allowance		Up to \$150 plus a 15% discount <sup>3</sup> on any overage	
Evaluation, fitting & follow-up care — standard and specialty lens types		15% discount <sup>3</sup>	
Collection Contact Lenses <sup>4</sup> (in lieu of allowance):			
– Disposable		4 boxes/multipacks	
– Planned Replacement		2 boxes/multipacks	
Evaluation, fitting and follow-up care		Included	
Visually required contact lenses (with prior approval) — Materials, evaluation, fitting and follow-up care		Included	
Laser Benefit			
One time / lifetime allowance <sup>6</sup>		\$250	
Additional Savings			
Retinal imaging		\$39	
Additional pairs of glasses <sup>3</sup>		30 % discount	
Out-of-Network Reimbursement Schedule — Up to:			
Eye examination: \$50	Single-vision lenses: \$50	Trifocal lenses: \$100	Elective contact lenses: \$105
Frame: \$70	Bifocal/progressive lenses: \$75	Lenticular lenses: \$100	Medically necessary contact lenses: \$225

1 Copayment applies to Collection Contact Lenses only.

2 Enhanced \$50 frame allowance is available at all Visionworks locations nationwide.

3 Discount not applicable at Walmart, Sam's Club or Costco.

4 Davis Vision Collection is available at most participating independent provider offices. Frame collection is subject to change. Collection is inclusive of select torics and multifocals.

5 Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.

6 Applicable both in and out of network, additional discounts apply in-network.

Davis Vision, Inc. supports Horizon Blue Cross Blue Shield of New Jersey in the administration of vision benefits. Davis Vision, Inc. is independent from and not affiliated with Horizon Blue Cross Blue Shield of New Jersey or the Blue Cross and Blue Shield Association.

