

Link Community Charter School Vision Plan Effective 09/01/2019

Horizon Panorama IVA (Horizon/Davis Vision View Network)

Horizon Panorama IVA			
Frequency — Once Every:			
Eye examination including dilation (when professionally indicated)		12 months	
Spectacle lenses		12 months	
Frame		12 months	
Contact lens evaluation, fitting & follow-up care		12 months	
Contact lenses (in lieu of eyeglasses)		12 months	
Copayments			
Eye examination		\$10	
Spectacle lenses		\$25	
Contact lens evaluation, fitting & follow-up care		\$0 ¹	
Eyeglass Benefit — Frame		Member Charges	
Non-Collection frame allowance (retail):		Up to \$130 or \$180 ² plus a 20% discount ³ on any average	
Davis Vision Frame Collection ⁴ (in lieu of allowance):			
– Fashion level		Included	
– Designer level		Included	
– Premier level		\$25	
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 ⁵		\$0 or \$30	
Ultraviolet coating		\$12	
Anti-reflective (AR) coating (standard / premium / ultra)		\$35 / \$48 / \$60	
Progressive lenses (standard / premium / ultra)		\$50 / \$90 / \$140	
Intermediate-vision lenses		\$30	
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 \$130 plus a 15% discount ³ on any average	
Evaluation, fitting & follow-up care — standard and specialty lens types		15% discount ³	
Collection Contact Lenses ⁴ (in lieu of allowance):			
– Disposable		4 boxes/multipacks	
– Planned Replacement		2 boxes/multipacks	
Evaluation, fitting & follow-up care		Included	
Visually required contact lenses (with prior approval) — Materials, evaluation, fitting & follow-up care		Included	
Out-of-Network Reimbursement Schedule — Up to:			
Eye examination: \$40	Single-vision lenses: \$40	Trifocal lenses: \$80	Elective contact lenses: \$105
Frame: \$50	Bifocal/progressive lenses: \$60	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.

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