

Vision Comparison Chart

Benefits	Davis Vision	UnitedHealthcare Vision
	Copay	Copay
Eye Examination (Once every calendar year)	\$0.00	\$0.00
Spectacle Lenses (Once every calendar year)	\$10.00	\$10.00
Frames (Once every calendar year)	\$0.00	\$10.00
Contact Lens Evaluation, Fitting & Follow-Up Care (Once every calendar year)	\$10.00, the copay only applies when you select the Davis Vision collection contact lenses (in lieu of eyeglasses)	\$10.00 (in lieu of eyeglasses)
Contact Lenses (in lieu of eyeglasses) (Once every calendar year)	\$0.00	N/A
Eyeglass Benefit - Frame Allowance		
Any frame at any In-Network Provider	Up to \$130 at ANY In-Network Provider OR Up to \$180 (at Visionworks locations only) (20% discount on overage at participating network providers, not applicable at Walmart, Sam's Club or Costco locations)	Up to \$130.00 (30% discount on overage at participating network providers)
Select frames	Davis Vision's Collection Frames (available only at participating private practice providers) Fashion & Designer - Covered-In-Full (Retail value up to \$160) Premier Frames: Covered-in-Full after \$25 copay (Retail value up to \$195)	N/A
Eyeglass Benefit - Lenses & Lens Options		
	Member Charges	Member Charges
Clear plastic / glass single-vision, bifocal, trifocal or lenticular lenses (any Rx)	\$0.00	\$0.00
Solid Tint	\$0.00	\$14.00
Gradient Tint	\$0.00	\$14.00
Scratch-Resistant Coating	\$0.00	\$0.00
Polycarbonate Lenses (Single and Multi-focal)	\$0.00	\$0.00
Ultraviolet Coating (Plastic)	\$12.00	\$16.00
Ultraviolet Coating (Glass)	\$12.00	\$16.00
Anti-Reflective (AR) Coating (Standard)	\$35.00	\$40.00
Anti-Reflective (AR) Coating (Premium)	\$48.00	\$80.00
Anti-Reflective (AR) Coating (Ultra / Platinum)	\$60.00	\$90.00
Progressive Lenses (Standard)	\$50.00	\$70.00
Progressive Lenses (Deluxe)	\$90.00	\$110.00
Progressive Lenses (Premium)	\$90.00	\$150.00
Progressive Lenses (Ultra / Platinum)	\$140.00	\$250.00
High-Index (Single Vision)	\$55.00	\$53.00
High Index (Single Vision Spectralite or 1.60)	\$55.00	\$53.00

If differences exist between this Summary of Benefits and your Certificate of Coverage/benefits administrator, the certificate/benefits administrator will govern.



Vision Comparison Chart

Benefits Continued	Davis Vision	UnitedHealthcare Vision
Eyeglass Benefit - Lenses & Lens Options Continued	Member Charges	Member Charges
High Index (Single Vision 1.66)	\$55.00	\$63.00
High Index (Multi-Focal)	\$55.00	\$53.00
High Index (Multi-Focal Spectralite or 1.60)	\$55.00	\$53.00
High Index (Multi-Focal 1.66)	\$55.00	\$63.00
Glass Photochromic Lenses (Single Vision)	\$20.00	\$67.00
Glass Photochromic (Multi-Focal)	\$20.00	\$67.00
Non-Glass Photochromic (Single Vision)	\$65.00	\$67.00
Non-Glass Photochromic (Multi-Focal)	\$65.00	\$67.00
Polarized Lenses	\$75.00	
Scratch Protection Warranty	\$20.00 Single/ \$40.00 Multifocal	\$10.00
Contact Lens Benefit (in lieu of eyeglasses)		
Select Contact Lenses: Materials Allowance	Included (Retail value up to \$200) 4 boxes/multi-packs - Disposable 2 boxes/multi-packs - Planned Replacement	The fitting/evaluation fee, contact lenses, and up to two follow-up visits are covered in full (after copay). If you choose disposable contacts, up to 4 boxes are included when obtained from a network provider.
Select Contact Lenses: Evaluation, Fitting & Follow Up Care (CLEFFU)	Included (CLEFFU) (Retail Value up to \$60)	
Contact Lens Allowance Evaluation, Fitting & Follow-up Care (CLEFFU)	\$105.00 allowance (15% discount on overage at participating network providers, not applicable at Walmart, Sam's Club or Costco locations)	A \$105 allowance is applied toward the purchase of contact lenses outside the covered selection (materials copay does not apply).
Medically Necessary Contact Lenses (with prior approval) - Materials, Evaluation, Fitting & Follow-Up Care	Included	Covered in full after \$10 copay.
Out-of-Network Reimbursement Schedule (Up to)		
Plan Copays apply	NO	NO (Plan copays do not apply for out-of-network services).
Eye Examination	\$40.00	\$40.00
Frames	\$45.00	\$45.00
Single Vision Lenses	\$40.00	\$40.00
Bifocal/Progressive Lenses	\$60.00	\$60.00
Trifocal Lenses	\$80.00	\$80.00
Lenticular Lenses	\$80.00	\$80.00
Elective Contact Lenses	\$105.00	\$105.00
Medically Necessary CL	\$225.00	\$175.00
Other Services		
Participating Retailers	Visionworks, Costco, Sam's Club, Walmart, For Eyes and others: For network details visit www.davisvision.com .	America's Best, Costco, Eyeglass World, For Eyes, Visionworks, Walmart, Sam's Club and others. Visit www.myuhcvision.com for more.
Participating Private Practice Providers	Yes	Yes
Breakage Warranty	Yes, for frames and lenses for one year from date of service delivery; INCLUDED	Not applicable

If differences exist between this Summary of Benefits and your Certificate of Coverage/benefits administrator, the certificate/benefits administrator will govern.

