

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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VISION COVERAGE

SINGLE	10 MONTH=\$8.63 month	\$4.32 pp
	12 MONTH=\$7.19 month	\$3.60 pp
MEMBER/SPOUSE	10 MONTH=\$17.27 month	\$8.64 pp
	12 MONTH=\$14.39 month	\$7.19 pp
PARENT/CHILD	10 MONTH=\$23.30 month	\$11.65 pp
	12 MONTH=19.42 month	\$9.71 pp
FAMILY	10 MONTH=\$33.67	\$16.84 pp
	12 MONTH=\$28.06	\$14.03 pp