Vision Care Services	**In-Network**	**Out-of-Network Reimbursement**
Exam with Dilation (once every 12 months)	$0 copayment	$35 allowance
Davis Vision Discount	**Member Cost**	**Out-of-Network Reimbursement**
Eyeglass Frames (once every 12 months) Retail	$0 Copay, $200 allowance; 20% off balance over $200	Up to $50
Exclusive Collection Frames*	100% covered	Up to $50
Contact Lenses (once every 12 months instead of eyeglasses)		
Retail	$0 Copay, $130 allowance; 15% off any remaining balance	Up to $100
Exclusive Collection Frames*	100% covered	None
Contact Evaluation, Fitting & Follow-Up Care		
Elective	15% Discount	None
Medically Necessary	100% Covered	$200 Allowance
Standard Plastic Lenses		
Single Vision	$0 copay	Up to $25
Bifocal/Trifocal/Progressive	$0 copay	$40/$65/$40

**Available at most participating independent provider offices. Collection is subject to change.*