

2017 Vision Plan Guide & Rates

Individual Plans Overview

	Horizon Vista V	Horizon Panorama V
Network	Horizon/Davis Vision View	
In-Network Benefits		
	Once every:	
Eye examination inclusive of dilation (when professionally indicated)	12 months	
Spectacle lenses / frames	12 months / 12 months	
Contact lens evaluation, fitting and follow-up care / contact lenses (in lieu of eyeglasses)	12 months / 12 months	
	Copayments	
Eye examination / spectacle lenses	\$10/\$10	
Eyeglass Benefit – Frame	Member Charges	
Non-collection frame allowance (retail):	Up to \$100 or \$150 ¹	Up to \$130 or \$150 ¹
	Plus a 20% discount on any overage ²	
Davis Vision Frame Collection ³ (in lieu of allowance): Fashion / Designer / Premier	Included / \$15 / \$40	Included / Included / \$25
Eyeglass Benefit – Spectacle Lenses		
Clear plastic single-vision, lined bifocal, trifocal or lenticular lenses (any size or Rx)	Included	
Tinting of plastic lenses / scratch-resistant coating	\$15 / Included	Included / Included
Polycarbonate lenses (children ⁴ / adults)	\$0 / \$35	\$0 / \$30
Ultraviolet coating	\$15	\$12
Anti-reflective (AR) coating (standard / premium / ultra)	\$40 / \$55 / \$69	\$35 / \$48 / \$60
Progressive lenses (standard / premium / ultra)	\$65 / \$105 / \$140	\$50 / \$90 / \$140
High-index lenses / plastic photochromic lenses / polarized lenses	\$60 / \$70 / \$75	\$55 / \$65 / \$75
Scratch Protection Plan: single vision / multifocal lenses	\$20 / \$40	
Contact Lens Benefit (in lieu of eyeglasses):		
Non-collection contact lenses: materials allowance	Up to \$100	Up to \$130
	Plus a 15% discount on any overage ²	
Evaluation, fitting and follow-up care – standard and specialty lens types	15% discount ²	
Collection Contact Lenses ³ (in lieu of allowance): Disposable / planned replacement	N/A	Up to 4 boxes/multi-packs / Up to 2 boxes/multi-packs
Evaluation, fitting and follow-up care	N/A	Included
Visually required contact lenses (with prior approval): Materials, evaluation, fitting and follow-up care	Included	
Out-of-Network Reimbursement Schedule – Up to:		
Eye examination: \$40	Single-vision lenses: \$40	Trifocal lenses: \$80
		Elective contact lenses: Vista: \$80 / Panorama: \$105
Frame: \$50	Bifocal/progressive lenses: \$60	Lenticular lenses: \$100
		Visually required contact lenses: \$225
One-year eyeglass breakage warranty included.		

Vista V	
Total Amount Due	
Subscriber Only	\$10.88
Subscriber + Spouse	\$21.77
Subscriber + Child (ren)	\$29.39
Subscriber + Family	\$42.45

Panorama V	
Premium Rates	
Subscriber Only	\$11.91
Subscriber + Spouse	\$23.83
Subscriber + Child (ren)	\$32.17
Subscriber + Family	\$46.46

¹ Members receive an additional \$50 allowance at Visionworks retail locations.

² Additional discounts not applicable at Walmart, Sam's Club or Costco locations.

³ Davis Vision Collection is available at most participating independent provider offices. Collection is subject to change. Contact lens collection (Option II) is inclusive of select torics and multifocals.

⁴ Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.

This document is for informational purposes only and does not constitute a binding agreement. Please note that rates are subject to change. Contact Horizon Blue Cross Blue Shield of New Jersey for the most current rates.

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