

# Vision Plan—286

## COVERAGE

<b>Exam</b> Participating provider Non-participating provider	\$0 copay Up to \$35 reimbursement
<b>Frames</b>	\$60 allowance for participating provider frame selection \$0 copay for Fashion and Designer frames from Davis Collection \$20 copay for Premier frames from Davis Collection
<b>Lenses</b> Participating provider Non-participating provider	No cost (most options) Up to \$75 reimbursement
<b>Contact Lenses</b> (in lieu of eyeglasses)	Up to \$75 allowance
<b>Frequency</b> Vision Exam Lenses Frames	Once per year to age 19, once every 2 years thereafter Once per year to age 19, once every 2 years thereafter Once every 2 years
<b>Network</b>	Davis Vision Network To locate a participating provider, go to <a href="http://www.ibx.com">www.ibx.com</a> and click on the “Find a Doctor” feature.