Aflac Vision Insurance





American Family Life Assurance Company of Columbus Policy Series QNV1000

Plan Description

The Aflac Dental Plan gives you something to smile about. Rely on us for access to affordable dental care and more.

Features and Plan Provisions		
	(specific provisions and descriptions may vary by state)	
Benefit Amounts	See benefit schedule for available options	
Requirements	eP6ix agrees to write a minimum \$500,000 in annual premium and agree to a block renewal strategy for all groups written under the this product offering	
Eligibility	Employees who are active full time employees working at least 30 hours per week and have been continuously employed for the duration set by the employer. Seasonal and temporary employee are not eligible. Dependents are eligible, but only if the employee is eligible and participates.	
Enrollment Assumptions	Enrollments take place once each 12-month period. Later enrollees cannot enroll outside of an annual enrollment period.	
Broker Commissions	10.0% Broker	
Number of Eligible Lives	25-199	
Participation	Greater of 20% or 10 Enrolled Employees	
Rate Guarantee	24 months	
Rate Cap(s)	N/A	
Effective Date	11/1/2021 and Later	
Product Type	Davis Vision - Voluntary	
Ineligible Industries	Dental Offices, Dental Services Offices, Non-Traditional Groups (Unions, PEOS, Trusts, Assocations, Etc), Cannabis Related Groups, and Native American Tribes	
Benefit Waiting Period	Not Applicable	
Nation Wide Excluded States	Alaska, Disctrict of Columbia, Hawaii, Maryland, Montana, New Jersey, New Mexico, New York, North Carolina, Puerto Rico, Virginia, and Washington	

In-Network Benefits (Network Available at www.davisvision.com)	Aflac Plan 4
Service Type	Frequency - Once Every:
Eye Examinations with Dilation (as necessary)	12 Months
Spectacle Lenses	12 Months
rame	24 Months
Contact Lens (In lieu of eyeglasses)	12 Months
In Network	
ye Examination	\$10
Spectacle Lenses	\$25
Contact Lens Evaluation, Fitting & Follow-Up Care	\$0
Eyeglass Benefit - Framo	e <u> </u>
rame Allowance (Retail)	Up to \$130 or Up to \$180 at Visionworks
Davis Vision Frame Collection (in Lieu of Allowance)	Member Co-Pays
ashion level	\$0
esigner level	\$0
remier level	\$25
Eyeglass Benefits - Spectacle Lenses	Member Co-Pays
Clear plastic lenses in any RX (Single Vision, Bifocal, Trifocal, Lenticular)	\$0
inting of Plastic Lenses	\$0
cratch Resistant Coating	\$0
olycarbonate Lenses (Children/Adults)	\$0/\$30
Iltraviolet Coating	\$12
nti-Reflective (AR) Coating (Standard/Premier/Ultra/Ultimate)	\$35/\$48/\$60/\$85
Progressive Lenses (Standard/Premium/Ultra/Ultimate)	\$50/\$90/\$140/\$175
ligh Index Lenses	\$55
Polarized Lenses	\$75
Plastic Photochromic Lenses	\$65
Scratch Protection Plan: Single Vision/Multifocal Lenses	\$20/\$40
Contact Lens Benefit (in lieu of ey	
Contact Lens Material Allowance Plus a 15% discount on any overage	Up to \$130
Evaluation, Fitting & Follow Up Care - Standard Lens Types	15% Discount
Evaluation, Fitting & Follow Up Care - Specialty Lens Types	15% Discount
Collection Contact Lenses Benefit (in Lieu of Conta	
laterials Disposable: up to	4 boxes/multi-packs
Planned Replacement: up to	2 boxes/multi-packs
Evaluation, Fitting & Follow Up Care	\$0 Copay
Non-Elective Contact Lenses (with Pr	
laterials, Evaluation, Fitting & Follow Up Care	\$0 Copay
ervice Type	Out-of-Network Frequency
ye Examination:	12 Months
enses:	12 Months
rames:	24 Months
Out-of-Network Reimbursement Allowand	
ye Examination	Up to \$40
rame	Up to \$50
enses - Single Vision	Up to \$40
enses - Bifocal/Progressive	Up to \$60
enses - Trifocal	Up to \$80
enses - Iniocal	Up to \$100
enses - Lenucular Elective Contact Lenses	- Control of the Cont
riective Contact Lenses Visually Required Contact Lenses	\$105 \$225
	ΨΖΖͿ
Premiums	
Members/Coverage	Monthly Premiums
Employee	\$7.09
Employee & Spouse	\$14.18
Employee & Child(ren)	\$14.38
Family	\$20.80

In-Network Benefits (Network Available at www.davisvision.com)	Aflac Plan 6
Service Type	Frequency - Once Every:
ye Examinations with Dilation (as necessary)	12 Months
pectacle Lenses	12 Months
rame	12 Months
Contact Lens (In lieu of eyeglasses)	12 Months
In Network	
ye Examination	\$10
Spectacle Lenses	\$10
Contact Lens Evaluation, Fitting & Follow-Up Care	\$0
Eyeglass Benefit - Frame	
rame Allowance (Retail)	Up to \$150 or Up to \$200 at Visionworks
Davis Vision Frame Collection (in Lieu of Allowance)	Member Co-Pays
Fashion level	\$0
Designer level	\$0
Premier level	\$0
Eyeglass Benefits - Spectacle Lenses	Member Co-Pays
Clear plastic lenses in any RX (Single Vision, Bifocal, Trifocal, Lenticular)	\$0
inting of Plastic Lenses	\$0
cratch Resistant Coating	\$0
olycarbonate Lenses (Children/Adults)	\$0/\$30
Iltraviolet Coating	\$12
nti-Reflective (AR) Coating (Standard/Premier/Ultra/Ultimate)	\$35/\$48/\$60/\$85
Progressive Lenses (Standard/Premium/Ultra/Ultimate)	\$50/\$90/\$140/\$175
ligh Index Lenses	\$55
Polarized Lenses	\$75
Plastic Photochromic Lenses	\$65
Scratch Protection Plan: Single Vision/Multifocal Lenses	\$20/\$40
Contact Lens Benefit (in lieu of ey	eglasses)
Contact Lens Material Allowance Plus a 15% discount on any overage	Up to \$150
Evaluation, Fitting & Follow Up Care - Standard Lens Types	\$0
Evaluation, Fitting & Follow Up Care - Specialty Lens Types	Up to \$60 allowance plus a 15% discount on any
	overages
Collection Contact Lenses Benefit (in Lieu of Contact	
Materials Disposable: up to	8 boxes/multi-packs
Name of Danie acceptants on to	4 h / 4
	4 boxes/multi-packs
valuation, Fitting & Follow Up Care	\$0 Copay
valuation, Fitting & Follow Up Care Non-Elective Contact Lenses (with Pri	\$0 Copay ior Approval)
valuation, Fitting & Follow Up Care Non-Elective Contact Lenses (with Pridaterials, Evaluation, Fitting & Follow Up Care	\$0 Copay ior Approval) \$0 Copay
Non-Elective Contact Lenses (with Prinaterials, Evaluation, Fitting & Follow Up Care Bervice Type	\$0 Copay ior Approval) \$0 Copay Out-of-Network Frequency
Evaluation, Fitting & Follow Up Care Non-Elective Contact Lenses (with Printerials, Evaluation, Fitting & Follow Up Care Service Type Eye Examination:	\$0 Copay ior Approval) \$0 Copay Out-of-Network Frequency 12 Months
Non-Elective Contact Lenses (with Prince Materials, Evaluation, Fitting & Follow Up Care Service Type Eye Examination: enses:	\$0 Copay ior Approval) \$0 Copay Out-of-Network Frequency 12 Months 12 Months
Valuation, Fitting & Follow Up Care Non-Elective Contact Lenses (with Prince Indicated Service Type Eye Examination: enses: frames:	\$0 Copay ior Approval) \$0 Copay Out-of-Network Frequency 12 Months 12 Months 12 Months
Evaluation, Fitting & Follow Up Care Non-Elective Contact Lenses (with Privaterials, Evaluation, Fitting & Follow Up Care Service Type Eye Examination: Lenses: Frames: Out-of-Network Reimbursement Allowance	\$0 Copay ior Approval) \$0 Copay Out-of-Network Frequency 12 Months 12 Months 12 Months
Evaluation, Fitting & Follow Up Care Non-Elective Contact Lenses (with Privaterials, Evaluation, Fitting & Follow Up Care Service Type Eye Examination: Lenses: Frames: Out-of-Network Reimbursement Allowance Eye Examination	\$0 Copay ior Approval) \$0 Copay Out-of-Network Frequency 12 Months 12 Months 12 Months Up to \$40
Acterials, Evaluation, Fitting & Follow Up Care Non-Elective Contact Lenses (with Private in the Private in th	\$0 Copay ior Approval) \$0 Copay Out-of-Network Frequency 12 Months 12 Months 12 Months 12 Months Up to \$40 Up to \$50
Adaterials, Evaluation, Fitting & Follow Up Care Non-Elective Contact Lenses (with Prince Indicated Indic	\$0 Copay ior Approval) \$0 Copay Out-of-Network Frequency 12 Months 12 Months 12 Months 12 Months Up to \$40 Up to \$50 Up to \$40
Adaterials, Evaluation, Fitting & Follow Up Care Non-Elective Contact Lenses (with Prince Independent of Prince Independent I	\$0 Copay ior Approval) \$0 Copay Out-of-Network Frequency 12 Months 12 Months 12 Months 12 Months Up to \$40 Up to \$50 Up to \$40 Up to \$40 Up to \$40 Up to \$40 Up to \$60
Non-Elective Contact Lenses (with Printed Prin	\$0 Copay ior Approval) \$0 Copay Out-of-Network Frequency 12 Months 12 Months 12 Months 12 Months 10 to \$40 Up to \$60 Up to \$80
Non-Elective Contact Lenses (with Printed Internals), Evaluation, Fitting & Follow Up Care Service Type Eye Examination: enses: Frames: Out-of-Network Reimbursement Allowance Eye Examination Frame enses - Single Vision enses - Bifocal/Progressive enses - Trifocal enses - Lenticular	\$0 Copay So Copay Out-of-Network Frequency 12 Months 12 Months 12 Months 12 Months 10 to \$40 Up to \$50 Up to \$40 Up to \$40
Evaluation, Fitting & Follow Up Care Non-Elective Contact Lenses (with Privaterials, Evaluation, Fitting & Follow Up Care Service Type Eye Examination: Lenses: Frames: Out-of-Network Reimbursement Allowance Eye Examination Frame Lenses - Single Vision Lenses - Bifocal/Progressive Lenses - Trifocal Lenses - Lenticular	\$0 Copay So Copay Out-of-Network Frequency 12 Months 12 Months 12 Months 12 Months 10 Months 10 Months 11 Months 12 Months 12 Months 13 Months 14 Months 15 Months 16 Schedule: Up to
Evaluation, Fitting & Follow Up Care Non-Elective Contact Lenses (with Privaterials, Evaluation, Fitting & Follow Up Care Service Type Eye Examination: Lenses: Out-of-Network Reimbursement Allowance Eye Examination Frame Lenses - Single Vision Lenses - Bifocal/Progressive Lenses - Trifocal Lenses - Lenticular Elective Contact Lenses	\$0 Copay So Copay Out-of-Network Frequency 12 Months 12 Months 12 Months 2 Schedule: Up to Up to \$40 Up to \$50 Up to \$40 Up to \$60 Up to \$80 Up to \$100
Non-Elective Contact Lenses (with Printerials, Evaluation, Fitting & Follow Up Care Bervice Type Eye Examination: Lenses: Frames: Out-of-Network Reimbursement Allowance Eye Examination Frame Lenses - Single Vision Lenses - Bifocal/Progressive Lenses - Lenticular Elective Contact Lenses Visually Required Contact Lenses	\$0 Copay So Copay Out-of-Network Frequency 12 Months 12 Months 12 Months 12 Months 10 Months 10 Months 10 Months 11 Months 12 Months 12 Months 13 Months 14 Months 15 Months 16 Schedule: Up to
Non-Elective Contact Lenses (with Privaterials, Evaluation, Fitting & Follow Up Care Bervice Type Eye Examination: Lenses: Lenses: Lenses: Lenses: Lenses: Lenses: Lenses: Lenses: Lenses: Lenses - Single Vision Lenses - Bifocal/Progressive Lenses - Trifocal Lenses - Lenticular Lenses - Lenticular Lective Contact Lenses Lenses - Lenses - Lenses Lenses	\$0 Copay Solution Approval Solution Approval
Evaluation, Fitting & Follow Up Care Non-Elective Contact Lenses (with Privaterials, Evaluation, Fitting & Follow Up Care Bervice Type Eye Examination: Lenses: Frames: Out-of-Network Reimbursement Allowance Eye Examination Frame Lenses - Single Vision Lenses - Bifocal/Progressive Lenses - Trifocal Lenses - Lenticular Elective Contact Lenses //isually Required Contact Lenses Premiums Members/Coverage	\$0 Copay or Approval) \$0 Copay Out-of-Network Frequency 12 Months 13 Months 14 Months 15 Months 16 Schedule: Up to
Non-Elective Contact Lenses (with Privaterials, Evaluation, Fitting & Follow Up Care Bervice Type Eye Examination: Lenses: Frames: Out-of-Network Reimbursement Allowance Eye Examination Frame Lenses - Single Vision Lenses - Bifocal/Progressive Lenses - Irrifocal Lenses - Lenticular Elective Contact Lenses Visually Required Contact Lenses Premiums Members/Coverage Employee	\$0 Copay Solution Approval Solution Approval
Materials, Evaluation, Fitting & Follow Up Care Service Type Eye Examination: Lenses: Frames:	\$0 Copay ior Approval) \$0 Copay Out-of-Network Frequency 12 Months 12 Months 12 Months 12 Months 12 Months 12 Months 14 Months 15 Months 16 Schedule: Up to Up to \$40 Up to \$50 Up to \$40 Up to \$60 Up to \$80 Up to \$100 \$105 \$225

In-Network Benefits (Network Available at www.davisvision.com)	Aflac Plan 3
Service Type	Frequency - Once Every:
Eye Examinations with Dilation (as necessary)	12 Months
Spectacle Lenses	12 Months
Frame	12 Months
Contact Lens (In lieu of eyeglasses)	12 Months
In Network	
Eye Examination	\$10
Spectacle Lenses	\$10
Contact Lens Evaluation, Fitting & Follow-Up Care	\$0
Eyeglass Benefit - Frame	
Frame Allowance (Retail)	Up to \$180 or Up to \$230 at Visionworks
Davis Vision Frame Collection (in Lieu of Allowance)	Member Co-Pays
Fashion level	\$0
Designer level	\$15
Premier level	\$40
Eyeglass Benefits - Spectacle Lenses	Member Co-Pays
Clear plastic lenses in any RX (Single Vision, Bifocal, Trifocal, Lenticular)	\$0
Tinting of Plastic Lenses	\$0
Scratch Resistant Coating	\$0
Polycarbonate Lenses (Children/Adults)	\$0/\$30
Ultraviolet Coating	\$12
Anti-Reflective (AR) Coating (Standard/Premier/Ultra/Ultimate)	\$35/\$48/\$60/\$85
Progressive Lenses (Standard/Premium/Ultra/Ultimate)	\$50/\$90/\$140/\$175
High Index Lenses	\$55
Polarized Lenses	\$75
Plastic Photochromic Lenses	\$65
Scratch Protection Plan: Single Vision/Multifocal Lenses	\$20/\$40
Contact Lens Benefit (in lieu of eye	glasses)
Contact Lens Material Allowance Plus a 15% discount on any overage	Up to \$180
Evaluation, Fitting & Follow Up Care - Standard Lens Types	\$0
Evaluation, Fitting & Follow Up Care - Specialty Lens Types	Up to \$60 plus 15% discount on overage
Collection Contact Lenses Benefit (in Lieu of Contac	t Lens Material Allowance)
Materials Disposable: up to	8 boxes/multi-packs
Planned Replacement: up to	4 boxes/multi-packs
Evaluation, Fitting & Follow Up Care	\$0 Copay
Evaluation, Fitting & Follow Up Care Non-Elective Contact Lenses (with Pric	• •
Non-Elective Contact Lenses (with Price	• •
Non-Elective Contact Lenses (with Prior Materials, Evaluation, Fitting & Follow Up Care	or Approval)
Non-Elective Contact Lenses (with Prio Materials, Evaluation, Fitting & Follow Up Care Service Type	or Approval) \$0 Copay
Non-Elective Contact Lenses (with Prior Materials, Evaluation, Fitting & Follow Up Care Service Type Eye Examination:	or Approval) \$0 Copay Out-of-Network Frequency
Non-Elective Contact Lenses (with Prior Materials, Evaluation, Fitting & Follow Up Care Service Type Eye Examination: Lenses: Frames:	So Copay Sout-of-Network Frequency 12 Months 12 Months 24 Months
Non-Elective Contact Lenses (with Prior Materials, Evaluation, Fitting & Follow Up Care Service Type Eye Examination: Lenses:	So Copay Sout-of-Network Frequency 12 Months 12 Months 24 Months
Non-Elective Contact Lenses (with Prior Materials, Evaluation, Fitting & Follow Up Care Service Type Eye Examination: Lenses: Frames:	So Copay Sout-of-Network Frequency 12 Months 12 Months 24 Months
Non-Elective Contact Lenses (with Prior Materials, Evaluation, Fitting & Follow Up Care Service Type Eye Examination: Lenses: Frames: Out-of-Network Reimbursement Allowance Eye Examination Frame	Schedule: Up to
Non-Elective Contact Lenses (with Prior Materials, Evaluation, Fitting & Follow Up Care Service Type Eye Examination: Lenses: Frames: Out-of-Network Reimbursement Allowance	Schedule: Up to \$40
Non-Elective Contact Lenses (with Prior Materials, Evaluation, Fitting & Follow Up Care Service Type Eye Examination: Lenses: Frames: Out-of-Network Reimbursement Allowance Eye Examination Frame	Schedule: Up to \$40 Up to \$50
Non-Elective Contact Lenses (with Prior Materials, Evaluation, Fitting & Follow Up Care Service Type Eye Examination: Lenses: Frames: Out-of-Network Reimbursement Allowance Eye Examination Frame Lenses - Single Vision Lenses - Bifocal/Progressive	Schedule: Up to Up to \$40
Non-Elective Contact Lenses (with Prior Materials, Evaluation, Fitting & Follow Up Care Service Type Eye Examination: Lenses: Frames: Out-of-Network Reimbursement Allowance Eye Examination Frame Lenses - Single Vision Lenses - Bifocal/Progressive Lenses - Trifocal	Schedule: Up to Up to \$40
Non-Elective Contact Lenses (with Prior Materials, Evaluation, Fitting & Follow Up Care Service Type Eye Examination: Lenses: Frames: Out-of-Network Reimbursement Allowance Eye Examination Frame Lenses - Single Vision Lenses - Bifocal/Progressive Lenses - Trifocal Lenses - Lenticular	Schedule: Up to Up to \$40
Non-Elective Contact Lenses (with Prior Materials, Evaluation, Fitting & Follow Up Care Service Type Eye Examination: Lenses: Frames: Out-of-Network Reimbursement Allowance Eye Examination Frame Lenses - Single Vision Lenses - Bifocal/Progressive Lenses - Trifocal Lenses - Lenticular Elective Contact Lenses	Schedule: Up to Up to \$40
Non-Elective Contact Lenses (with Prior Materials, Evaluation, Fitting & Follow Up Care Service Type Eye Examination: Lenses: Frames: Out-of-Network Reimbursement Allowance Eye Examination Frame Lenses - Single Vision Lenses - Bifocal/Progressive Lenses - Trifocal Lenses - Lenticular Elective Contact Lenses Visually Required Contact Lenses	Schedule: Up to Up to \$40 Up to \$40
Non-Elective Contact Lenses (with Prior Materials, Evaluation, Fitting & Follow Up Care Service Type Eye Examination: Lenses: Frames: Out-of-Network Reimbursement Allowance Eye Examination Frame Lenses - Single Vision Lenses - Bifocal/Progressive Lenses - Trifocal Lenses - Lenticular Elective Contact Lenses Visually Required Contact Lenses Premiums	\$0 Copay
Non-Elective Contact Lenses (with Prior Materials, Evaluation, Fitting & Follow Up Care Service Type Eye Examination: Lenses: Frames: Out-of-Network Reimbursement Allowance Eye Examination Frame Lenses - Single Vision Lenses - Bifocal/Progressive Lenses - Trifocal Lenses - Lenticular Elective Contact Lenses Visually Required Contact Lenses Premiums Members/Coverage	Out-of-Network Frequency 12 Months 12 Months 24 Months Schedule: Up to Up to \$40 Up to \$50 Up to \$40 Up to \$60 Up to \$80 Up to \$100 \$105 \$225
Non-Elective Contact Lenses (with Prior Materials, Evaluation, Fitting & Follow Up Care Service Type Eye Examination: Lenses: Frames: Out-of-Network Reimbursement Allowance Eye Examination Frame Lenses - Single Vision Lenses - Bifocal/Progressive Lenses - Trifocal Lenses - Lenticular Elective Contact Lenses Visually Required Contact Lenses Premiums Members/Coverage Employee	\$0 Copay
Non-Elective Contact Lenses (with Prior Materials, Evaluation, Fitting & Follow Up Care Service Type Eye Examination: Lenses: Frames: Out-of-Network Reimbursement Allowance Eye Examination Frame Lenses - Single Vision Lenses - Bifocal/Progressive Lenses - Trifocal Lenses - Lenticular Elective Contact Lenses Visually Required Contact Lenses Premiums Members/Coverage Employee Employee & Spouse	\$0 Copay
Non-Elective Contact Lenses (with Prior Materials, Evaluation, Fitting & Follow Up Care Service Type Eye Examination: Lenses: Frames: Out-of-Network Reimbursement Allowance Eye Examination Frame Lenses - Single Vision Lenses - Bifocal/Progressive Lenses - Trifocal Lenses - Lenticular Elective Contact Lenses Visually Required Contact Lenses Premiums Members/Coverage Employee	\$0 Copay

Service Type Frequency - Once Every: Get Examinations with Dilation (as necessary) Spectacle Lenses Contact Lens (in lieu of eyeglasses) In Network Spectacle Lenses Contact Lens (in lieu of eyeglasses) In Network Spectacle Lenses Spectacle Lenses Contact Lens Evaluation, Fitting & Follow-Up Care Eyeglass Benefit - Frame Frame Allowance (Retail) Up to \$200 or Up to \$250 at Visionworks Davis Vision Frame Collection (in Lieu of Allowance) Mamber Go-Pays Fathon leave Covered Premier level Covered Premier level Eyeglass Benefit - Spectacle Lenses Covered Premier level Former Allowance (Retail) Covered Premier level Former level Fo	In-Network Benefits (Network Available at www.davisvision.com)	Aflac Plan 8
Eye Examinations with Dilation (as necessary) 12 Months 2 Months 12 Mo		
Spectacle Lenses Frame Contact Lens (In lieu of eyeglasses) In Network Eye Examination Spectacle Lense Should be a special contact Lense Sender (In lieu of eyeglasses) Frame Allowance (Retail) Frame Allowance (Retail) Frame Allowance (Retail) Frame Allowance (Retail) Day's Vision Frame Collection (In Lieu of Allowance) Frame Allowance (Retail) Day's Vision Frame Collection (In Lieu of Allowance) Designar level Covered Covered Designar level Covered Designar level Covered Designar level Covered Covered Designar level Covered Sortath Resistant Coating Designar level Covered Sortath Resistant Coating Anti-Todicotive (AF) Coating (Standard)Premier/Ultra/Ultimate) Tring of Plastic Lenses Designar level Designar level Designar level Covered Sortath Resistant Protection (In Lieu of Sortant Protection Plan: Single Vision/Multifocal Lenses Sortath Protection Plan: Single Vision/Multifocal Lenses Sortath Protection Plan: Single Vision/Multifocal Lenses Designation, Fitting & Follow Up Care - Standard Lens Types Contact Lens Material Allowance Plus a 15% discount on any overage Covered Devaluation, Fitting & Follow Up Care - Standard Lens Types Devaluation, Fitting & Follow Up Care - Standard Lens Types Devaluation, Fitting & Follow Up Care - Standard Lens Types Devaluation, Fitting & Follow Up Care - Standard Lenses (with Prior Approval) Materials Disposable: up to Designate Lenses (with Prior Approval) Materials Disposable: up to Designate Lenses (with Prior Approval) Materials Disposable: up to Stone Lenses De		
Finne Contact Lens (In lieu of eyeglasses) In Network Eye Examination Spectacle Lenses Spectacle Lenses Spectacle Lenses Contact Lens Evaluation, Fitting & Follow-Up Care Firm Allowance (Retail) Oavis Vision Frame Collection (In Lieu of Allowance) Firm Allowance (Retail) Oavis Vision Frame Collection (In Lieu of Allowance) Fashion level Designer level Covered Designer level Covered Primiter level Eyeglass Bonofits - Spectacle Lenses Member Co-Pays Clear plastic lenses in any EX (Single Vision, Bifocal, Trifocal, Lenfocular) Covered Triting of Plastic Lenses Scratch Resistant Costing Covered C		
Contact Lens (In lieu of cyeglasses) 12 Months	•	
Eye Examination State	· · · · · · · · ·	
Special claims Spec	, , , ,	12 Monard
Contact Lens Evaluation, Fitting & Follow-Up Care Eyeglass Benefit - Frame	Eye Examination	\$0
Contact Lens Evaluation, Fitting & Follow-Up Care Eyeglass Benefit - Frame		\$0
Frame Allowance (Retail) Davis Vision Frame Collection (in Lieu of Allowance) Davis Vision Frame Collection (in Lieu of Allowance) Fashion level Covered Covered Covered Covered Covered Eyeglass Benefits - Spectacle Lenses Member Co-Pays Covered Covered Covered Tinding of Plastic Lenses in any RX (Single Vision, Bifocal, Trifocal, Lenticular) Covered Covered Covered Covered Covered Covered Covered Covered Covered Polycarbonate Lenses (Children/Adults) Litraviolet Coating Anti-Reflective (AR) Coating (Standard/Premier/Ultra/Ultimate) Sistia, Adis-Sol/Sol Forgressive Lenses (Standard/Premier/Ultra/Ultimate) Sol/Sol Foliarized Lenses Foliarized Lenses Foliarized Lenses Foliarized Lenses Contact Lens Material Allowance Plus at 15% discount on any overage Evaluation, Fitting & Foliow Up Care - Standard Lenses Benefit (in Lieu of Contact Evaluation, Fitting & Foliow Up Care - Specialty Lens Types Collection Contact Lenses Benefit (in Lieu of Contact Evaluation, Fitting & Foliow Up Care - Specialty Lens Types Collection Contact Lenses Benefit (in Lieu of Contact Evaluation, Fitting & Foliow Up Care - Specialty Lens Types Collection Contact Lenses Benefit (in Lieu of Contact Evaluation, Fitting & Foliow Up Care Non-Elective Contact Lenses (with Prior Approval) Materials Disposable: up to Benefit (in Lieu of Contact Lense Material Allowance) Materials, Evaluation, Fitting & Foliow Up Care Covered Department (up to Solowance) Materials, Evaluation, Fitting & Foliow Up Care Non-Elective Contact Lenses (with Prior Approval) Materials, Evaluation, Fitting & Foliow Up Care Non-Elective Contact Lenses (with Prior Approval) Materials, Evaluation, Fitting & Foliow Up Care Covered Duto-f-Network Reimbursement Allowance Service Type Up to \$40 Lenses - Single Vision Up to \$40 Lenses - Single Vision Up to \$40 Lenses - Single Vision Up to \$40 Lenses - Lenticular Lenses - Lenticular Lenses - Single Vision Winth Dark (Coverage Employee Employee & Spouse Service - Sp	Contact Lens Evaluation, Fitting & Follow-Up Care	\$0
Davis Vision Frame Collection (in Lieu of Allowance) Covered Designer level Covered Designer level Covered Premier level Eyeglass Benefits - Spectacle Lenses Membro Co-Pays Clear plastic lenses in any RX (Single Vision, Bifocal, Trifocal, Lenticular) Covered Triting of Plastic Lenses Scratch Resistant Coating Polycarbonate Lenses (Chidren/Adults) Ultraviolet Coating Anii-Relective (AR) Coating (Standard/Premier/Ultra/Ultimate) Supposite Systems (Standard Lenses (Standard Lenses (Standard Lenses Systems) Supposite Systems (Standard Lenses Systems) Supposite Systems (Standard Lenses Systems) Supposite Systems (Standard Lenses Systems) Up to \$200 Evaluation, Fitting & Follow Up Care - Standard Lenses Renefit (In Lieu of Contact Lens Material Allowance) Waterials Disposable: up to Planned Replacement: up to Evaluation, Fitting & Follow Up Care Non-Elective Contact Lenses (with Prior Approval) Materials, Evaluation, Fitting & Follow Up Care Non-Elective Contact Lenses (with Prior Approval) Materials, Evaluation, Fitting & Follow Up Care Vot-of-Network Reimbursement Allowance Schedule: Up to \$40 Eyes Examination Eyes Examination Eyes Examination Frame: Out-of-Network Reimbursement Allowance Schedule: Up to \$50 Up to \$40 Up	Eyeglass Benefit - Frame	
Fashion level Covered Designer level Covered Premier level Covered Premier level Covered Premier level Covered Premier level Covered Covered Premier level Covered Premier level Covered Covered Premier level Covered Covered Covered Premier level Covered Polycarbonate Lenses (Children/Adults) So/530 Ultraviolet Coating Covered Polycarbonate Lenses (Children/Adults) Si/530 Ultraviolet Coating Size Lenses (Standard/Premier/Ultra/Ultimate) Size Size Size Lenses (Standard/Premier/Ultra/Ultimate) Size Size Size Lenses (Standard/Premier/Ultra/Ultimate) Size Size Size Size Lenses (Standard/Premier/Ultra/Ultimate) Size Size Size Size Lenses (Standard/Premier/Ultra/Ultimate) Size Size Size Size Lenses Size Size Lenses Size Size Size Size Size Size Size Size	Frame Allowance (Retail)	
Designer level Covered Premier level Covered Premier level Covered Premier level Covered Premier level Covered Eyeglass Benefits - Spectacle Lenses Clear plastic lenses in any RX (Single Vision, Bifocal, Trifocal, Lenticular) Triting of Plastic Lenses Scratch Resistant Coating Polycarbonate Lenses (Children/Adults) Ultraviolet Coating Anti-Reflective (AR) Coating (Standard/Premier/Ultra/Ultimate) Progressive Lenses (Standard/Premium/Ultra/Ultimate) S5053091440/S175 High Index Lenses \$55 Polatized Lenses \$55 Polatized Lenses \$55 Polatized Lenses \$55 Polatized Lenses \$56 Scratch Protection Plan: Single Vision/Multifocal Lenses Contact Lens Material Allowance Plus a 15% discount on any overage Evaluation, Fitting & Follow Up Care - Standard Lens Types Contact Lens Material Allowance Plus a 15% discount on any overage Evaluation, Fitting & Follow Up Care - Specialty Lens Types Collection Contact Lenses Benefit (in Lieu of Contact Lens Material Allowance) Materials Disposable: up to Blanned Replacement: up to Covered Materials, Evaluation, Fitting & Follow Up Care Non-Elective Contact Lenses (with Prior Approval) Materials, Evaluation, Fitting & Follow Up Care Service Type Out-of-Network Reimbursement Allowance Schedule: Up to Eye Examination Lenses: 12 Months 12	Davis Vision Frame Collection (in Lieu of Allowance)	Member Co-Pays
Premier level Covered	Fashion level	Covered
Eyeglass Benefits - Spectacle Lenses Covered Tinting of Plastic Lenses Scratch Resistant Coating Polycarbonate Lenses (Children/Adults) Ultraviolet Coating Anti-Reflective (AR) Coating (Standard/Premier/Ultra/Ultimate) Progressive Lenses (Standard/Premier/Ultra/Ultimate) S505/S0140/S75 High Index Lenses Plastic Photochromic Lenses Scratch Protection Plan: Single Vision/Multifocal Lenses Polatized Lens Material Allowance Plus a 15% discount on any overage Evaluation, Fitting & Follow Up Care - Specialty Lens Types Collection Contact Lenses Benefit (in Lieu of Contact Lens Material Allowance) Materials Disposable: up to Planned Replacement: up to Collection Contact Lenses Benefit (in Lieu of Contact Lens Material Allowance) Materials Disposable: up to Planned Replacement: up to Collection Contact Lenses Benefit (in Lieu of Contact Lens Material Allowance) Materials Evaluation, Fitting & Follow Up Care - Specialty Lens Types Collection Contact Lenses With Prior Approval) Materials, Evaluation, Fitting & Follow Up Care Non-Elective Contact Lenses (with Prior Approval) Materials, Evaluation, Fitting & Follow Up Care Non-Elective Contact Lenses (with Prior Approval) Materials, Evaluation, Fitting & Follow Up Care Out-of-Network Reimbursement Allowance Schedule; Up to \$40 Frame Lenses: Fingel Vision Lenses: Out-of-Network Reimbursement Allowance Schedule; Up to \$40 Frame Lenses - Trifocal Up to \$40 Frame Up to \$40 Fram	Designer level	Covered
Clear plastic lenses in any RX (Single Vision, Bifocal, Trifocal, Lenticular) Tritiniting of Plastic Lenses Scratch Resistant Coating Polycarbonate Lenses (Children/Adults) Ultraviolet Coating Anti-Reflective (AR) Coating (Standard/Premier/Ultra/Ultimate) \$33/543/560/585 Progressive Lenses (Standard/Premier/Ultra/Ultimate) \$35/5490/5140/5175 High Index Lenses \$55 Polarized Lenses \$77 Plastic Photochromic Lenses Up to \$60 allowance plus a 15% discount on any overages Up to \$60 allowance plus a 15% discount on any overages Up to \$60 allowance plus a 15% discount on any overages Collection Contact Lenses Benefit (in Lieu of Contact Lense Material Allowance) Materials Disposable: up to Plantare Replacement: up to Planta	Premier level	Covered
Tinting of Plastic Lenses Covered Scratch Resistant Coating Polycarbonate Lenses (Children/Adults) Ultraviolet Coating Anti-Reflective (AR) Coating (Standard/Premier/Ultra/Ultimate) \$12 Anti-Reflective (AR) Coating (Standard/Premier/Ultra/Ultimate) \$33/548/560/585 Progressive Lenses (Standard/Premier/Ultra/Ultimate) \$50/\$90/\$140/\$175 High Index Lenses \$55 Ploalized Lenses \$55 Ploalized Chenses \$55 Plastic Photochromic Lenses \$55 Plastic Photochromic Lenses \$65 Scratch Protection Plan: Single Vision/Multifocal Lenses Contact Lens Material Aliowance Plus a 15% discount on any overage Valuation, Fitting & Follow Up Care - Standard Lens Types Contact Lens Material Aliowance Plus a 15% discount on any overage Valuation, Fitting & Follow Up Care - Specialty Lens Types Collection Contact Lenses Benefit (in Lieu of Contact Lens Material Aliowance) Materials Disposable: up to Aboxes/multi-packs Covered Covered Covered Non-Elective Contact Lenses (with Prior Approval) Materials, Evaluation, Fitting & Follow Up Care Non-Elective Contact Lenses (with Prior Approval) Materials, Evaluation, Fitting & Follow Up Care Non-Elective Contact Lenses (with Prior Approval) Materials, Evaluation, Fitting & Follow Up Care Non-Elective Contact Lenses (with Prior Approval) Materials, Evaluation, Fitting & Follow Up Care Non-Elective Contact Lenses (with Prior Approval) Materials, Evaluation, Fitting & Follow Up Care Covered Covere	Eyeglass Benefits - Spectacle Lenses	Member Co-Pays
Scratch Resistant Coating Polycarbonate Lenses (Children/Adults) S0/\$30 SUltraviolet Coating \$12 Anti-Reflective (AR) Coating (Standard/Premier/Ultra/Ultimate) \$33/\$Als/\$80/\$85 Progressive Lenses (Standard/Premier/Ultra/Ultimate) \$33/\$Als/\$80/\$85 Progressive Lenses (Standard/Premier/Ultra/Ultimate) \$55 Polarized Lenses \$55 Polarized Lenses \$75 Polarized Lenses \$75 Polarized Lenses \$65 Scratch Protection Plan: Single Vision/Multifocal Lenses \$20/\$40 Contact Lens Material Allowance Plus a 15% discount on any overage Evaluation, Fitting & Follow Up Care - Standard Lens Types Collection Contact Lenses Benefit (in Lieu of Contact Lens Material Allowance) Materials Disposable: up to Soluction Contact Lenses Benefit (in Lieu of Contact Lens Material Allowance) Materials Disposable: up to Soluction Contact Lenses Benefit (in Lieu of Contact Lens Material Allowance) Materials Pollow Up Care - Specialty Lens Types Collection Contact Lenses Benefit (in Lieu of Contact Lens Material Allowance) Materials, Evaluation, Fitting & Follow Up Care Non-Elective Contact Lenses (with Prior Approval) Materials, Evaluation, Fitting & Follow Up Care Non-Elective Contact Lenses (with Prior Approval) Materials, Evaluation, Fitting & Follow Up Care Non-Elective Contact Lenses (with Prior Approval) Materials, Evaluation, Fitting & Follow Up Care Out-of-Network Reimbursement Allowance Schedule: Up to Eye Examination: Up to \$40 Lenses: Frame: Out-of-Network Reimbursement Allowance Schedule: Up to Eye Examination Up to \$50 Lenses - Single Vision Lenses - Bifocal/Progressive Up to \$40 Lenses - Friocal Up to \$50 Lenses - Friocal Up	Clear plastic lenses in any RX (Single Vision, Bifocal, Trifocal, Lenticular)	Covered
Polycarbonate Lenses (Children/Adults) \$0/530	Tinting of Plastic Lenses	Covered
Ultraviolet Coating Anti-Reflective (AR) Coating (Standard/Premierr/Ultra/Ultimate) \$35/\$48/\$60/\$85 Progressive Lenses (Standard/Premierr/Ultra/Ultimate) \$55/\$90/\$40/\$8175 Pilaph Index Lenses \$55 Polarized Lenses Polarized Lenses \$55 Scratch Protection Plan: Single Vision/Multifocal Lenses \$55 Scratch Protection Plan: Single Vision/Multifocal Lenses \$55 Scratch Protection Plan: Single Vision/Multifocal Lenses Contact Lens Benefit (in lieu of eyeglasses) Contact Lens Material Allowance Plus a 15% discount on any overage Up to \$200 Evaluation, Fitting & Follow Up Care - Standard Lens Types Collection Contact Lenses Benefit (in Lieu of Contact Lens Material Allowance) Materials Disposable: up to ### Standard Premium/ Materials Disposable: up to ### Standard Premium/ Materials, Evaluation, Fitting & Follow Up Care Non-Elective Contact Lenses (with Prior Approval) Materials, Evaluation, Fitting & Follow Up Care Non-Elective Contact Lenses (with Prior Approval) Materials, Evaluation, Fitting & Follow Up Care Non-Elective Contact Lenses (with Prior Approval) Materials, Evaluation, Fitting & Follow Up Care Covered Service Type Out-of-Network Frequency Eye Examination: Lenses: 12 Months Lenses: 12 Months Dy to \$40 Enses: 12 Months Eyes Examination Up to \$40 Lenses: 12 Months Up to \$50 Lenses: 12 Months Enses: 12 Months Prame Up to \$60 Lenses: 12 Months Frame Up to \$60 Lenses: 12 Months Prame Up to \$60 Lenses: 12 Months Enses: 12 Months Prame Up to \$60 Lenses: 12 Months Prame Up to \$60 Lenses: 12 Months Exercised Up to \$60 Lenses: 12 Months E	Scratch Resistant Coating	Covered
Ultraviolet Coating Anti-Reflective (AR) Coating (Standard/Premierr/Ultra/Ultimate) \$35/\$48/\$60/\$85 Progressive Lenses (Standard/Premierr/Ultra/Ultimate) \$55/\$90/\$40/\$4175 High Index Lenses \$55 Polarized Lenses \$55 Scratch Protection Plan: Single Vision/Multifocal Lenses \$20/\$40 Contact Lens Benefit (in lieu of eyeglasses) Contact Lens Material Allowance Plus a 15% discount on any overage Evaluation, Fitting & Follow Up Care - Standard Lens Types Volume Collection Contact Lenses Benefit (in Lieu of Contact Lens Material Allowance) Materials Disposable: up to Materials Disposable: up to Materials, Evaluation, Fitting & Follow Up Care Non-Elective Contact Lenses (with Prior Approval) Materials, Evaluation, Fitting & Follow Up Care Non-Elective Contact Lenses (with Prior Approval) Materials, Evaluation, Fitting & Follow Up Care Non-Elective Contact Lenses (with Prior Approval) Materials, Evaluation, Fitting & Follow Up Care Out-of-Network Frequency Eye Examination: Lenses: 12 Months Covered	Polycarbonate Lenses (Children/Adults)	\$0/\$30
Anti-Reflective (AR) Coating (Standard/Premier/Ultra/Ultimate) \$35(\$48/\$60)\$85 Progressive Lenses (Standard/Premier/Ultra/Ultimate) \$50(\$\$50(\$\$50(\$\$50(\$\$50(\$\$50(\$\$50(\$\$50(Ultraviolet Coating	
Progressive Lenses (Standard/Premium/Ultra/Ultimate) \$50;\$90;\$140;\$175 \$16jin Index Lenses \$75 Plastic Photochromic Lenses \$75 Plastic Photochromic Lenses \$55 Scratch Protection Plan: Single Vision/Multifocal Lenses \$20,440 Contact Lens Benefit (in lieu of eyeglasses) Contact Lens Material Allowance Plus a 15% discount on any overage Evaluation, Fitting & Follow Up Care - Standard Lens Types Collection Contact Lenses Benefit (in Lieu of Contact Lens Material Allowance) Waterials Disposable: up to Planned Replacement: up to Solucation, Fitting & Follow Up Care Non-Elective Contact Lenses (with Prior Approval) Materials, Evaluation, Fitting & Follow Up Care Non-Elective Contact Lenses (with Prior Approval) Materials, Evaluation, Fitting & Follow Up Care Non-Elective Contact Lenses (with Prior Approval) Materials, Evaluation, Fitting & Follow Up Care Non-Elective Contact Lenses (with Prior Approval) Materials, Evaluation, Fitting & Follow Up Care Non-Elective Contact Lenses (with Prior Approval) Materials, Evaluation, Fitting & Follow Up Care Out-of-Network Frequency Eye Examination: Lenses: 12 Months Lenses: 12 Months Lenses: 12 Months Up to \$40 Frame Up to \$40 Lenses - Single Vision Up to \$40 Lenses - Inflocal Lenses - Frifocal Lenses - Lenticular Up to \$80 Lenses - Trifocal Lenses - Lenticular Up to \$80 Lenses - Single Vision Up to \$80 Lenses - Trifocal Lenses - Lenses - Lenses Up to \$80 Lenses - Trifo	•	· ·
High Index Lenses \$55 Polarized Lenses \$75 Polarized Lenses \$75 Polarized Lenses \$75 Polarized Lenses \$55 Scratch Protection Plan: Single Vision/Multifocal Lenses \$20/\$40 Contact Lens Material Allowance Plus a 15% discount on any overage Evaluation, Fitting & Follow Up Care - Standard Lens Types \$0 Up to \$60 allowance plus a 15% discount on any overage Evaluation, Fitting & Follow Up Care - Specialty Lens Types \$0 Up to \$60 allowance plus a 15% discount on any overages Collection Contact Lenses Benefit (in Lieu of Contact Lens Material Allowance) Materials Disposable: up to \$0 Where the standard Lenses Benefit (in Lieu of Contact Lens Material Allowance) Materials Disposable: up to \$0 Where the standard Lenses (with Prior Approval) Materials, Evaluation, Fitting & Follow Up Care Non-Elective Contact Lenses (with Prior Approval) Materials, Evaluation, Fitting & Follow Up Care Non-Elective Contact Lenses (with Prior Approval) Materials, Evaluation, Fitting & Follow Up Care Non-Elective Contact Lenses (with Prior Approval) Materials, Evaluation, Fitting & Follow Up Care Out-of-Network Frequency Eye Examination: Lenses: Out-of-Network Reimbursement Allowance Schedule: Up to Eye Examination: Up to \$40	· / · ·	
Polarized Lenses \$75 Plastic Photochromic Lenses \$55 Scratch Protection Plan: Single Vision/Multifocal Lenses \$20/\$40 Contact Lens Benefit (in lieu of eyeglasses) Contact Lens Material Allowance Plus a 15% discount on any overage \$0 Evaluation, Fitting & Follow Up Care - Standard Lens Types Evaluation, Fitting & Follow Up Care - Specialty Lens Types Collection Contact Lenses Benefit (in Lieu of Contact Lens Material Allowance) Materials Disposable: up to Collection Contact Lenses Benefit (in Lieu of Contact Lens Material Allowance) Materials Disposable: up to 8 boxes/multi-packs Planned Replacement: up to Covered Non-Elective Contact Lenses (with Prior Approval) Materials, Evaluation, Fitting & Follow Up Care Non-Elective Contact Lenses (with Prior Approval) Materials, Evaluation, Fitting & Follow Up Care Non-Elective Contact Lenses (with Prior Approval) Materials, Evaluation, Fitting & Follow Up Care Non-Elective Contact Lenses (with Prior Approval) Materials, Evaluation, Fitting & Follow Up Care Out-of-Network Frequency Eye Examination: Lenses: 12 Months Frame: Out-of-Network Relmbursement Allowance Schedule: Up to Eye Examination Up to \$40 Lenses - Single Vision Lenses - Fifocal Lenses - Fifocal Up to \$60 Lenses - Fifocal Up to \$60 Lenses - Lenticular Up to \$60 Lenses - Single Vision Lenses - S	,	
Plastic Photochromic Lenses Scratch Protection Plan: Single Vision/Multifocal Lenses Contact Lens Benefit (in lieu of eyeglasses) Contact Lens Material Allowance Plus a 15% discount on any overage Evaluation, Fitting & Follow Up Care - Standard Lens Types Evaluation, Fitting & Follow Up Care - Specialty Lens Types Up to \$60 allowance plus a 15% discount on any overages Collection Contact Lenses Benefit (in Lieu of Contact Lens Material Allowance) Materials Disposable: up to Materials Disposable: up to Materials, Evaluation, Fitting & Follow Up Care Non-Elective Contact Lenses (with Prior Approval) Materials, Evaluation, Fitting & Follow Up Care Non-Elective Contact Lenses (with Prior Approval) Materials, Evaluation, Fitting & Follow Up Care Non-Elective Contact Lenses (with Prior Approval) Materials, Evaluation, Fitting & Follow Up Care Service Type Out-of-Network Reimbursement Allowance Schedule: Up to Eye Examination: Lenses: 12 Months Frames: 12 Months Frames: 12 Months Frames: 12 Months Up to \$40 Lenses - Single Vision Up to \$40 Lenses - Single Vision Up to \$40 Lenses - Elfical/Progressive Up to \$60 Lenses - Enficular Up to \$80 Lenses - Frifocal Up to \$80 Lenses - Single Vision Up to \$80 Lenses - Single Vision Up to \$80 Lenses - Single Vision Up to \$80 Lenses - Frifocal Up to \$80 Lenses - Single Vision Up to \$80 Lens		· ·
Scratch Protection Plan: Single Vision/Multifocal Lenses Contact Lens Benefit (in lieu of eyeglasses) Contact Lens Material Allowance Plus a 15% discount on any overage Evaluation, Fitting & Follow Up Care - Standard Lens Types Evaluation, Fitting & Follow Up Care - Specialty Lens Types Collection Contact Lenses Benefit (in Lieu of Contact Lens Material Allowance) Materials Disposable: up to Planned Replacement: up to Planned Replacement: up to Non-Elective Contact Lenses (with Prior Approval) Materials, Evaluation, Fitting & Follow Up Care Non-Elective Contact Lenses (with Prior Approval) Materials, Evaluation, Fitting & Follow Up Care Non-Elective Contact Lenses (with Prior Approval) Materials, Evaluation, Fitting & Follow Up Care Out-of-Network Frequency Eye Examination: 12 Months Lenses: 12 Months Covered Out-of-Network Reimbursement Allowance Schedule: Up to Eye Examination Up to \$40 Lenses - Single Vision Up to \$40 Lenses - Bifocal/Progressive Lenses - Fiffocal Lenses - Lenticular Up to \$80 Lenses - Lenticular When Senses - Single Vision When Senses - Single Vision Lenses - Single Vision Up to \$80 Lenses - Lenticular Up to \$80 Lenses - Lenticular Up to \$80 Lenses - Lenticular When Senses - Lenticular When Senses - Lenticular How The Senses - Lenticular When Senses - Lenticular Elective Contact Lenses \$105 Visually Required Contact Lenses \$225 Premiums Members/Coverage Monthly Premiums Employee & Spouse \$11.32 Employee & Spouse \$22.64 Employee & Child(ren) \$22.65		
Contact Lens Material Allowance Plus a 15% discount on any overage Evaluation, Fitting & Follow Up Care - Standard Lens Types Evaluation, Fitting & Follow Up Care - Standard Lens Types Collection Contact Lenses Benefit (in Lieu of Contact Lens Material Allowance) Materials Disposable: up to Planned Replacement: up to Non-Elective Contact Lenses (with Prior Approval) Materials, Evaluation, Fitting & Follow Up Care Non-Elective Contact Lenses (with Prior Approval) Materials, Evaluation, Fitting & Follow Up Care Non-Elective Contact Lenses (with Prior Approval) Materials, Evaluation, Fitting & Follow Up Care Non-Elective Contact Lenses (with Prior Approval) Materials, Evaluation, Fitting & Follow Up Care Out-of-Network Frequency Eye Examination: Lenses: 12 Months 12 Months 12 Months Parame: Out-of-Network Reimbursement Allowance Schedule: Up to Eye Examination Up to \$40 Lenses - Bingoal/Progressive Lenses - Bingoal/Progressive Lenses - Frifocal Lens		
Contact Lens Material Allowance Plus a 15% discount on any overage Evaluation, Fitting & Follow Up Care - Standard Lens Types Evaluation, Fitting & Follow Up Care - Specialty Lens Types Collection Contact Lenses Benefit (in Lieu of Contact Lens Material Allowance) Materials Disposable: up to Materials Disposable: up to Planned Replacement: up to Non-Elective Contact Lenses (with Prior Approval) Materials, Evaluation, Fitting & Follow Up Care Non-Elective Contact Lenses (with Prior Approval) Materials, Evaluation, Fitting & Follow Up Care Non-Elective Contact Lenses (with Prior Approval) Materials, Evaluation, Fitting & Follow Up Care Covered Service Type Out-of-Network Frequency Eye Examination: Lenses: 12 Months Lenses: 12 Months Dut to \$40 Frame: Up to \$40 Lenses - Single Vision Lenses - Single Vision Lenses - Single Vision Lenses - Iffocal Lenses - Ienticular Elective Contact Lenses \$105 Visually Required Contact Lenses Members/Goverage Monthly Premiums Members/Goverage Employee & Spouse Employee & Child(ren) \$22.65	-	
Evaluation, Fitting & Follow Up Care - Standard Lens Types Evaluation, Fitting & Follow Up Care - Specialty Lens Types Collection Contact Lenses Benefit (in Lieu of Contact Lens Material Allowance) Materials Disposable: up to Materials Disposable: up to Baboxes/multi-packs Evaluation, Fitting & Follow Up Care Non-Elective Contact Lenses (with Prior Approval) Materials, Evaluation, Fitting & Follow Up Care Non-Elective Contact Lenses (with Prior Approval) Materials, Evaluation, Fitting & Follow Up Care Non-Elective Contact Lenses (with Prior Approval) Materials, Evaluation, Fitting & Follow Up Care Covered Service Type Out-of-Network Frequency Eye Examination: Lenses: 12 Months Frames: 12 Months Frames: 12 Months Frame Up to \$40 Lenses - Biflocal/Progressive Lenses - Biflocal/Progressive Lenses - Frifocal Lenses		
Evaluation, Fitting & Follow Up Care - Specialty Lens Types Collection Contact Lenses Benefit (in Lieu of Contact Lens Material Allowance) Materials Disposable: up to Planned Replacement: up to Non-Elective Contact Lenses (with Prior Approval) Materials, Evaluation, Fitting & Follow Up Care Non-Elective Contact Lenses (with Prior Approval) Materials, Evaluation, Fitting & Follow Up Care Covered Service Type Out-of-Network Frequency Eye Examination: Lenses: 12 Months Lenses: 12 Months Frames: Up to \$40 Frame Up to \$50 Lenses - Single Vision Lenses - Bifocal/Progressive Lenses - Lenticular Lenses - Lenticular Elective Contact Lenses \$105 Up to \$60 Lenses - Lenticular Elective Contact Lenses \$105 Visually Required Contact Lenses Monthly Premiums Members/Coverage Employee & Spouse \$22.64 Employee & Child(ren) Elective Contact Lenses \$22.65	, ,	- Control of the Cont
Collection Contact Lenses Benefit (in Lieu of Contact Lens Material Allowance) Materials Disposable: up to 8 boxes/multi-packs Planned Replacement: up to 4 boxes/multi-packs Evaluation, Fitting & Follow Up Care Covered Non-Elective Contact Lenses (with Prior Approval) Materials, Evaluation, Fitting & Follow Up Care Covered Service Type Out-of-Network Frequency Eye Examination: Lenses: 12 Months Lenses: 12 Months Trames: 12 Months Out-of-Network Reimbursement Allowance Schedule: Up to Eye Examination Up to \$40 Frame Up to \$50 Lenses - Single Vision Up to \$40 Lenses - Bifocal/Progressive Up to \$80 Lenses - Lenticular Up to \$80 Lenses - Lenticular Up to \$100 Elective Contact Lenses Visually Required Contact Lenses Premiums Members/Coverage Monthly Premiums Employee & Spouse \$22.65		Up to \$60 allowance plus a 15% discount on any
Materials Disposable: up to 8 boxes/multi-packs 4 boxes/multi-packs 5 Planned Replacement: up to Covered **Non-Elective Contact Lenses (with Prior Approval)** Materials, Evaluation, Fitting & Follow Up Care **Non-Elective Contact Lenses (with Prior Approval)** Materials, Evaluation, Fitting & Follow Up Care **Service Type** **Out-of-Network Frequency** Eye Examination: Lenses: **12 Months **12 Months **Trames: **Out-of-Network Reimbursement Allowance Schedule: Up to** Eye Examination Frame **Up to \$40 Lenses - Single Vision Lenses - Bifocal/Progressive Lenses - Fiffocal Lenses - Lenticular Lenses - Lenticular Lenses - Lenticular Lenses - Lenticular Lenses - Visually Required Contact Lenses **Your State of the Contact Lenses** **Visually Required Contact Lenses** **Monthly Premiums** **Members/Coverage** **Monthly Premiums** **Employee & Spouse** **Employee & Spouse** **Employee & Spouse** **Employee & Spouse** **Employee & Schild(ren)** **Transe** **Lenses - Lenses - Len		
Planned Replacement: up to Evaluation, Fitting & Follow Up Care Non-Elective Contact Lenses (with Prior Approval) Materials, Evaluation, Fitting & Follow Up Care Service Type Out-of-Network Frequency Eye Examination: Lenses: 12 Months Frames: 12 Months 13 Months 14 Months 15 Months 16 Months 17 Months 18 Months 19 Lenses: 19 Lenses: 10 Lenses - Findeal		
Covered Non-Elective Contact Lenses (with Prior Approval)		·
Non-Elective Contact Lenses (with Prior Approval) Materials, Evaluation, Fitting & Follow Up Care Service Type Out-of-Network Frequency Eye Examination: Lenses: 12 Months 13 Months 14 Months 15 Months 16 Months 17 Months 18 Months 19 Months 19 Months 10 Months 11 Months 11 Months 12 Months		
Materials, Evaluation, Fitting & Follow Up Care Covered Service Type Out-of-Network Frequency Eye Examination: 12 Months Lenses: 12 Months Frames: 12 Months Out-of-Network Reimbursement Allowance Schedule: Up to Eye Examination Up to \$40 Frame Up to \$50 Lenses - Single Vision Up to \$40 Lenses - Bifocal/Progressive Up to \$60 Lenses - Inticular Up to \$80 Lenses - Lenticular Up to \$100 Elective Contact Lenses \$105 Visually Required Contact Lenses \$225 Premiums Members/Coverage Monthly Premiums Employee & Spouse \$21.32 Employee & Spouse \$22.64 Employee & Child(ren) \$22.65		
Service Type Out-of-Network Frequency Eye Examination: 12 Months Lenses: 12 Months Frames: 12 Months Out-of-Network Reimbursement Allowance Schedule: Up to Eye Examination Up to \$40 Frame Up to \$50 Lenses - Single Vision Up to \$40 Lenses - Bifocal/Progressive Up to \$60 Lenses - Trifocal Up to \$80 Lenses - Lenticular Up to \$100 Elective Contact Lenses \$105 Visually Required Contact Lenses \$225 Premiums Members/Coverage Monthly Premiums Employee \$11.32 Employee & Spouse \$22.64 Employee & Child(ren) \$22.65		
Eye Examination: 12 Months Lenses: 12 Months Frames: 12 Months Out-of-Network Reimbursement Allowance Schedule: Up to Eye Examination Up to \$40 Frame Up to \$50 Lenses - Single Vision Up to \$40 Lenses - Bifocal/Progressive Up to \$60 Lenses - Trifocal Up to \$80 Lenses - Lenticular Up to \$100 Elective Contact Lenses \$105 Visually Required Contact Lenses \$225 Premiums Members/Coverage Monthly Premiums Employee \$11.32 Employee & Spouse \$22.64 Employee & Child(ren) \$22.65		2 2 2 2
Lenses:	••	
Frames: Out-of-Network Reimbursement Allowance Schedule: Up to Eye Examination Frame Up to \$40 Up to \$50 Lenses - Single Vision Lenses - Bifocal/Progressive Lenses - Trifocal Lenses - Lenticular Up to \$80 Lenses - Lenticular Up to \$100 Elective Contact Lenses Visually Required Contact Lenses Premiums Members/Coverage Employee Employee & Spouse Employee & Spouse Employee & Child(ren) \$22.65	•	
Eye Examination Frame Lenses - Single Vision Lenses - Bifocal/Progressive Lenses - Lenticular Elective Contact Lenses Visually Required Contact Lenses Premiums Members/Coverage Employee & Spouse Employee & Child(ren) Eye Examination Up to \$40 Up to \$40 Up to \$40 Up to \$40 Up to \$60 Up to \$60 Up to \$80 Up to \$100 \$105 When the street of the street		
Eye Examination Up to \$40 Frame Up to \$50 Lenses - Single Vision Up to \$40 Lenses - Bifocal/Progressive Up to \$60 Lenses - Trifocal Up to \$80 Lenses - Lenticular Up to \$100 Elective Contact Lenses \$105 Visually Required Contact Lenses \$225 Premiums Members/Coverage Monthly Premiums Employee \$11.32 Employee & Spouse \$22.64 Employee & Child(ren) \$22.65		
Frame Lenses - Single Vision Lenses - Bifocal/Progressive Lenses - Trifocal Lenses - Lenticular Elective Contact Lenses Visually Required Contact Lenses Premiums Members/Coverage Employee Employee Employee Spouse Employee & Spouse Employee & Child(ren) Lenses - Single Vision Up to \$50 Up to \$60 Up to \$80 Up to \$100 \$225 When \$105 \$225 When \$105 \$225 ### Monthly Premiums \$11.32 \$22.64 \$22.65		
Lenses - Single Vision Up to \$40 Lenses - Bifocal/Progressive Up to \$60 Lenses - Trifocal Up to \$80 Lenses - Lenticular Up to \$100 Elective Contact Lenses \$105 Visually Required Contact Lenses \$225 Premiums Members/Coverage Monthly Premiums Employee \$11.32 Employee & Spouse \$22.64 Employee & Child(ren) \$22.65	•	
Lenses - Bifocal/Progressive Up to \$60 Lenses - Trifocal Up to \$80 Lenses - Lenticular Up to \$100 Elective Contact Lenses \$105 Visually Required Contact Lenses \$225 Premiums Members/Coverage Monthly Premiums Employee \$11.32 Employee & Spouse \$22.64 Employee & Child(ren) \$22.65		
Lenses - Trifocal Up to \$80 Lenses - Lenticular Up to \$100 Elective Contact Lenses \$105 Visually Required Contact Lenses \$225 Premiums Members/Coverage Monthly Premiums Employee \$11.32 Employee & Spouse \$22.64 Employee & Child(ren) \$22.65		
Lenses - Lenticular Up to \$100 Elective Contact Lenses \$105 Visually Required Contact Lenses \$225 Premiums Members/Coverage Monthly Premiums Employee \$11.32 Employee & Spouse \$22.64 Employee & Child(ren) \$22.65	•	· ·
Elective Contact Lenses \$105 Visually Required Contact Lenses \$225 Premiums Members/Coverage Monthly Premiums Employee \$11.32 Employee & Spouse \$22.64 Employee & Child(ren) \$22.65		· ·
Visually Required Contact Lenses Premiums Members/Coverage Employee Employee & Spouse Employee & Child(ren) \$22.64		•
Premiums Members/Coverage Employee Employee & Spouse Employee & Child(ren) Monthly Premiums \$11.32 \$22.64 \$22.64		
Members/CoverageMonthly PremiumsEmployee\$11.32Employee & Spouse\$22.64Employee & Child(ren)\$22.65	visually required Contact Letises	\$ 225
Employee \$11.32 Employee & Spouse \$22.64 Employee & Child(ren) \$22.65		
Employee & Spouse \$22.64 Employee & Child(ren) \$22.65		
Employee & Child(ren) \$22.65		
Family \$32.93	Members/Coverage Employee	\$11.32
	Members/Coverage Employee Employee & Spouse	\$11.32 \$22.64

LIMITATIONS, AND EXCLUSIONS

Limitations and exclusions vary by state. Please see the master policy for full and complete information. All benefit descriptions, limitations and exclusions appear regardless of the benefit options chosen. Appearance of benefit descriptions, limitations or exclusions does not necessarily indicate inclusion of the corresponding benefits in your plan design.

LIMITATIONS

Eyeglass lenses and frames are paid in lieu of the contact lenses benefit.

Contact lenses are payable in lieu of eyeglass lenses and frames.

Coverage for a late entrant or re-enrollee is limited to the vision exam benefit during the first 24 months after such person's effective date of coverage.

Dilation is covered in full under the vision exam benefit only if required by state law or done for one of the following conditions: central vision loss, photopsia, floaters, high myopia, diabetes or history of ocular surgery, ocular trauma or ocular disease.

EXCLUSIONS

No benefits are payable for any of the following conditions, services, procedures and/or materials, unless otherwise specifically listed as a covered benefit in the Schedule of Benefits:

- Replacement frames and/or lenses, except at normal intervals when covered services or materials are otherwise available;
- · Plano lens or non-prescription lenses or sunglasses;
- · Orthoptics, vision training and any associated supplemental testing;
- · Frame cases;
- · Low (subnormal) vision aids or aniseikonic lenses;
- · Medical and surgical treatment of the eyes;
- · Charges incurred after (a) the policy ends; or (b) the insured person's coverage under the policy ends, except as stated in the policy;
- · Any eye examination or corrective eyewear required by an employer as a condition of employment;
- Services and materials provided by another vision plan except for coordination of benefits;
- · Services for which benefits are paid by worker's compensation;
- Benefits provided under the employee's medical insurance except for coordination of benefits;
- · Blended bifocal lenses;
- · Groove, drill or notch, and roll and polish;
- Two pairs of glasses, in lieu of bifocals, trifocals or progressives;
- · Coating on lenses (factory scratch coat, anti-reflective, sunglass colors, etc.);
- · Cosmetic items;
- · Faceted lenses;
- High-index lenses;
- · Laminated lenses;
- Oversize lenses any lens with an eye size of 61mm or greater;
- · Photochromic (transition) lenses;
- · Polaroid lenses;
- · Polished bevel lenses;
- · Polycarbonate lenses, except for insured members under 19;
- Prism lenses:
- · Slab-off lenses:
- Tints (except pink tint #1 and #2);
- · Ultra-violet tint or coating;
- · Additional cost for contact lenses over the allowance;
- · Additional cost for a frame over the allowance;
- · Progressive power lenses;

No benefits are payable for services performed by a member of the insured person's family. Insured person's family is limited to a spouse, siblings, parents, children, grandparents, and the spouse's siblings and parents.

Notices

This proposal is a brief description of coverage, not a contract. Read your policy and riders (as applicable) carefully for exact plan language, terms, and conditions.

This is a limited benefit plan and provides vision benefits only. Aflac's contracts of insurance, including Aflac's network dental and vision plans, provide limited-scope and/or supplemental benefits only and do not constitute comprehensive health insurance coverage. Aflac's contracts of insurance do not satisfy the requirement of minimum essential coverage under the Patient Protection and Affordable Care Act (ACA) and are not designed to meet any of the essential health benefit requirements mandated by the ACA or federal law, including pediatric oral or vision care services. Aflac's contracts of insurance are not an alternative to, or a substitute for, comprehensive health insurance coverage and should only be used to supplement comprehensive health insurance coverage.

Coverage is underwritten by American Family Life Assurance Company of Columbus (Aflac). Worldwide Headquarters | 1932 Wynnton Road | Columbus, Georgia 31999