Fashion Plan

One-year eyeglass breakage warranty included.

In-Network Benefits

Frequency - Once Every:	Option III
Eye Examination inclusive of dilation (when professionally indicated)	24 months
Spectacle Lenses	24 months
Frame	24 months
Contact Lens Evaluation, Fitting & Follow-Up Care (in lieu of eyeglasses)	24 months
Contact Lenses (in lieu of eyeglasses)	24 months
Copayments	
Eye Examination	$10
Spectacle Lenses	$25

Independence

Independence Administrators

– over –

Eyeglass Benefit – Frame	
Frame Allowance (Retail):	Up to $100 Plus a 20% discount on any coverage[1]
Davis Vision Frame Collection[2] (in lieu of Allowance):	
Fashion level	Covered
Designer level	$15 member charge
Premier level	$40 member charge
Eyeglass Benefit - Spectacle Lenses	**Member Charges**
Clear plastic single-vision, lined bifocal, trifocal or lenticular lenses (any size or Rx)	Covered
Oversize Lenses	Covered
Tinting of Plastic Lenses	$15
Scratch-Resistant Coating	Covered
Polycarbonate Lenses (Children[3] / Adults)	$0/$35
Ultraviolet Coating	Covered
Anti-Reflective (AR) Coating (Standard / Premium / Ultra)	$40/$55/$69
Progressive Lenses (Standard / Premium/Ultra)	$65/$105/$140
Intermediate Vision Lenses	$30
High-Index Lenses	$60
Polarized Lenses	$75
Plastic Photochromic Lenses	$70
Scratch Protection Plan: Single Vision / Multifocal Lenses	$20/$40
Contact Lens Benefit (in lieu of eyeglasses)	
Contact Lens: Materials Allowance	Up to $100 Plus a 15% discount on any overage[1]
• Evaluation, Fitting & Follow-Up Care – Standard & Specialty Lens Types	15% Discount[1]
Visually Required Contact Lenses (with prior approval)	
• Materials, Evaluation, Fitting & Follow-Up Care	Covered

Out-of-Network Reimbursement Schedule: up to

Eye Examination: $40	Frame: $50	Single Vision Lenses: $40	Bifocal/Progressive Lenses: $60
Trifocal Lenses: $80	Lenticular Lenses: $100	Elective Contact Lenses: $80	Visually Required CL: $225

[1]Additional discounts not applicable at Walmart or Sam's Club locations.

[2]Collection is available at most participating independent provider offices. Collection is subject to change.

[3]Polycarbonate lenses are covered for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.