



Solstice Vision PPO

Vision PPO Rates

| | Four Tier |
|---------------------|-----------|
| Employee | \$7.72 |
| Employee/Spouse | \$13.14 |
| Employee/Child(ren) | \$15.75 |
| Family | \$20.11 |

About Solstice Vision PPO

Regular eye exams can detect diseases like glaucoma, diabetes, and other possible causes of blindness in their early stages. Solstice Vision PPO provides access to the Davis Vision network. Exams and materials are nominal copays and members can visit any doctor in the Davis Vision network or choose to go Out-of-Network to the doctor of their choice.

Network Discounts - Generous network discounts including glasses and cosmetic enhancements such as tints, special lenses, and scratch resistant coating.

Contact Lens Benefits - Contact lens benefits allow members to choose contact lenses instead of eyeglasses. A contact lens allowance counts toward contact lenses and the contact lens exam (fitting and evaluation).

Benefits and Lens Upgrades - Optional benefit and lens upgrades are available, including lens tinting, progressive lenses, anti-reflective coating, polycarbonate lenses, safety glasses, and additional glasses.

Vision coverage can only be elected by a group enrolling in HealthPass medical coverage.

The following billing and administrative fees apply to Solstice Vision: \$1.50, EE/Spouse \$2.25, EE+Child(ren) \$2.25, Family \$3.00

Rates are subject to final verification at the time of enrollment. Domestic Partner coverage is included with all carriers.

Rates for Domestic Partners are the same rates for Employee/Spouse and Family.

This is a summary of plan information. Please refer to the Eligibility Guidelines for further information.

| In-Network Benefits | | Plan Design Options | |
|--|----------------------------------|--------------------------|--|
| Frequency – Once Every: | | IC 8 | |
| | | Fashion Value | |
| Eye Examination inclusive of Dilation (when professionally indicated) | | 12 Months | |
| Spectacle Lenses | | 12 Months | |
| Frame | | 24 months | |
| Contact Lens Evaluation, Fitting & Follow-Up Care | | 12 Months | |
| Contact Lenses (in lieu of eyeglasses) | | 12 Months | |
| Basic Coverage | | Member Charges | |
| Eye Examination | | \$10 | |
| Spectacle Lenses | | \$25 | |
| Contact Lens Evaluation, Fitting & Follow-Up Care ¹ | | \$25 | |
| Eyeglass Benefit - Frame | | Average Retail Value | Member Charges |
| Non-Collection Frame Allowance (Retail): | Up to \$150 | | Up to \$100 Plus a 20% discount on any average ² |
| Davis Vision Frame Collection ³ (in lieu of Allowance): | | | |
| Fashion level | Up to \$125 | | Included |
| Designer level | Up to \$175 | | \$15 copayment |
| Premier level | Up to \$225 | | \$40 copayment |
| Eyeglass Benefit - Spectacle Lenses | | Average Retail Value | Member Charges |
| Clear plastic single-vision, lined bifocal, trifocal or lenticular lenses (any size or Rx) | | \$60-\$120 | Included |
| Tinting of Plastic Lenses | | \$20 | \$15 |
| Scratch-Resistant Coating | | \$25-\$40 | Included |
| Polycarbonate Lenses (Children ⁴ / Adults) | | \$60-\$75 | \$0 or \$35 |
| Ultraviolet Coating | | \$25-\$30 | \$15 |
| Anti-Reflective (AR) Coating (Standard/Premium/Ultra) | | \$50-\$125 | \$40 / \$55 / \$69 |
| Progressive Lenses (Standard / Premium / Ultra ⁵) | | \$150-\$300 | \$65 / \$105 / \$140 |
| Intermediate-Vision Lenses | | \$150-\$175 | \$30 |
| High-Index Lenses | | \$90-\$150 | \$60 |
| Polarized Lenses | | \$95-\$110 | \$75 |
| Plastic Photosensitive Lenses | | \$95-\$150 | \$70 |
| Scratch Protection Plan: Single Vision Multifocal Lenses | | | \$20 \$40 |
| Contact Lens Benefit (in lieu of eyeglasses) | | | Member Charges |
| Non-Collection Contact Lenses: Materials Allowance | | | Up to \$100 Plus a 15% discount on any average ² |
| - Evaluation, Fitting & Follow-Up Care – Standard Lens Types | | | 15% Discount ² |
| - Evaluation, Fitting & Follow-Up Care – Specialty Lens Types | | | 15% Discount |
| Collection Contact Lenses ³ (in lieu of Allowance): Materials | | | |
| - Disposable | | | N/A |
| - Planned Replacement | | | N/A |
| - Evaluation, Fitting & Follow-up Care | | | N/A |
| Medically Necessary Contact Lenses (with prior approval) | | | Included |
| - Materials, Evaluation, Fitting & Follow-Up Care | | | |
| Out-of-Network Reimbursement Schedule: up to | | | |
| Eye Examination: \$40 | Single Vision Lenses: \$40 | Trifocal Lenses: \$80 | Elective Contact Lenses: \$80 |
| Frame: \$50 | Bifocal/Progressive Lenses: \$60 | Lenticular Lenses: \$100 | Medically Necessary CL: \$225 |

¹ Copayment applies to Collection Contact Lenses only.

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

³ Collection is available at most participating independent provider offices. Collection is subject to change. Collection 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.

⁵ Category includes digital free-form progressive lenses.