



# Solstice Vision PPO

## Vision PPO Rates

	Four Tier
Employee	\$7.72
Employee/Spouse	\$12.39
Employee/Child(ren)	\$15.00
Family	\$18.61

## 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 fee applies to Solstice Vision: \$1.50*

*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 <sup>1</sup>		\$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 <sup>2</sup>
Davis Vision Frame Collection <sup>3</sup> (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 <sup>4</sup> / 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 <sup>5</sup> )	\$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 <sup>2</sup>
- Evaluation, Fitting & Follow-Up Care – Standard Lens Types			15% Discount <sup>2</sup>
- Evaluation, Fitting & Follow-Up Care – Specialty Lens Types			15% Discount
Collection Contact Lenses <sup>3</sup> (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

<sup>1</sup> Copayment applies to Collection Contact Lenses only.

<sup>2</sup> Additional discounts not applicable at Walmart or Sam's Club locations.

<sup>3</sup> Collection is available at most participating independent provider offices. Collection is subject to change. Collection is inclusive of select torics and multifocals.

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

<sup>5</sup> Category includes digital free-form progressive lenses.