

Vision Benefits

Core and Enhanced Plans

Benefits	In-Network Member Cost
Services	
Eye exam	Covered in full every year (includes dilated fundus evaluation)
Frames	
Independent practitioners	Covered in full; designer frames \$25 member cost-share
Retail	Covered in full up to \$130, then 20% discount over \$130
Lenses (uncoated plastic)	
Single vision	\$0 member cost-share, 20% discount off retail on second purchase
Bifocal	
Trifocal	
Lenticular	
Lens Options (add to lens prices above)	
Antireflective coating (premium)	\$48
Antireflective coating (standard)	\$35
Blended segment lenses	\$20
Glass lenses	\$0
Gradient tint	
Hi-index lenses	\$55
Photochromic glass lenses (single vision)	\$20
Photochromic glass lenses (multifocal)	
Polarized lenses	\$75
Solid tint	\$0
Standard scratch-resistance	\$20
Standard polycarbonate	\$30
Standard progressive (add-on to bifocal)	\$50
Transition lenses	\$65
UV coating	\$12
Contact Lenses (available in lieu of spectacles)	
Disposable/conventional/planned replacement	Formulary: Four boxes/multipacks covered in full Non-formulary: \$105 allowance (plus 15% discount on coverage)
Other Add-ons and Services	
Nonprescription sunglasses	10–20% discount off retail price
Other ancillary products/solutions	
Laser Vision Correction	
Laser vision correction procedure	Up to 40–50% discount off retail
Frequency	
Examination	Annual
Frames	
Lenses	
Contact lenses	

Davis Vision, an independent company, administers vision benefits on behalf of BlueCross BlueShield of Western New York. Members must receive services from a Davis Vision provider. Appropriate discounts are taken at time of purchase. Services out-of-network are not covered. Visit bcbswny.com/vision or davisvision.com or contact Davis Vision at 1-800-999-5431 to locate a provider near you.

- Contact lens coverage varies by product selection.
- Visually required contacts require prior approval.
- Some limitations apply to additional discounts; discounts not applicable at all in-network providers. Davis Vision has done its best to accurately reflect plan coverage herein. If differences exist between this document and the plan contract, the contract will prevail.

No benefits shall be provided for:

- Vision services received or prescribed before the effective date of coverage or ordered after termination of coverage
- Examinations, frames, or lenses that are not necessary according to accepted standards of ophthalmic practice or that are not prescribed by the attending physician or by the optometrist
- Replacement of lost, stolen, broken, or damaged lenses, contact lenses, or frames, unless at the time of replacement the subscriber is otherwise entitled to benefits for the lenses for frames
- Industrial safety glasses, safety goggles, or sunglasses, whether or not they require a prescription
- Examinations, frames, or lenses required by the subscriber's employment
- Duplication of services: the benefits covered under this amendment are reduced by any benefits received under your contract or group plan