



Vision Plan Details

Effective: 2022 (Version Updated: 09/13/2021)

Rating Region: Rochester

	Simply Vision Value	Simply Vision Bronze	Simply Vision Silver	Simply Vision Gold
Plan Overview				
Plan Name	Simply Vision Value	Simply Vision Bronze	Simply Vision Silver	Simply Vision Gold
Funding Type	Fully Insured - Employer Sponsored	Fully Insured - Employer Sponsored	Fully Insured - Employer Sponsored	Fully Insured - Employer Sponsored
Once every calendar year	Eye exam: Once every calendar year Spectacle Lenses OR contact lenses: Once every calendar year Frames: Once every calendar year Contact lens evaluation: Once every calendar year Contact lenses benefits are in lieu of eyeglasses	Eye exam: Once every calendar year Spectacle Lenses OR contact lenses: Once every calendar year Frames: Once every calendar year Contact lens evaluation: Once every calendar year Contact lenses benefits are in lieu of eyeglasses	Not available	Eye exam: Once every calendar year Spectacle Lenses OR contact lenses: Once every calendar year Frames: Once every calendar year Contact lens evaluation: Once every calendar year Contact lenses benefits are in lieu of eyeglasses
Package Id				
Package Id	Simply Vision Value - E1 (VAA)	Simply Vision Bronze - E1 (VAD)	Not Available	Simply Vision Gold - E1 (VAI)
Rate (\$)				
- 4 Tier - Employee	\$3.28	\$4.00	not available	\$6.04
- 4 Tier - Employee + Spouse	\$5.90	\$7.20	not available	\$10.89
- 4 Tier - Employee + Child/Children	\$6.23	\$7.61	not available	\$11.49
- 4 Tier - Employee + Family	\$9.84	\$12.00	not available	\$18.15
Plan Highlights & Dependent Coverage				
Plan Highlights & Dependent Coverage	Plan includes coverage for domestic partner. Plan includes coverage for dependents up to age 26. Plan includes a variety of value-add discounts*, including but not limited to discounts on: Contact lens evaluations, LASIK, progressive lenses, scratch-resistant coating, anti-reflective coating, high-index lenses, etc. Please see plan brochure for more details.	Plan includes coverage for domestic partner. Plan includes coverage for dependents up to age 26. Plan includes a variety of value-add discounts*, including but not limited to discounts on: Contact lens evaluations, LASIK, progressive lenses, scratch-resistant coating, anti-reflective coating, high-index lenses, etc. Please see plan brochure for more details.	Plan includes coverage for domestic partner. Plan includes coverage for dependents up to age 26. Plan includes a variety of value-add discounts*, including but not limited to discounts on: Contact lens evaluations, LASIK, progressive lenses, scratch-resistant coating, anti-reflective coating, high-index lenses, etc. Please see plan brochure for more details.	Plan includes coverage for domestic partner. Plan includes coverage for dependents up to age 26. Plan includes a variety of value-add discounts*, including but not limited to discounts on: Contact lens evaluations, LASIK, progressive lenses, scratch-resistant coating, anti-reflective coating, high-index lenses, etc. Please see plan brochure for more details.
In Network Benefits				
In Network Benefits	In Network benefits are offered through the Davis Vision provider network.	In Network benefits are offered through the Davis Vision provider network.	In Network benefits are offered through the Davis Vision provider network.	In Network benefits are offered through the Davis Vision provider network.
Eye Exam				

	Simply Vision Value	Simply Vision Bronze	Simply Vision Silver	Simply Vision Gold
- Eye Exam Copay	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay
Eyeglasses** (in lieu of contact lenses)				
Lenses (Single, bifocal, trifocal, lenticular)	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay
Frames: Choice of Collection frame or Frame allowance Collection frames***:				
- Fashion frame	Covered in Full	Covered in Full	Covered in Full	Covered in Full
- Designer frame	\$15 Copay	Covered in Full	Covered in Full	Covered in Full
- Premier frame	\$40 Copay	\$25 Copay	\$25 Copay	Covered in Full
Frame allowance:				
- Visionworks	Allowance up to \$150	Allowance up to \$180	Allowance up to \$180	Allowance up to \$200
- Other participating retailers	Allowance up to \$100	Allowance up to \$130	Allowance up to \$130	Allowance up to \$150
Contact lenses** (in lieu of eyeglasses)				
Contact lenses: Choice of Collection contact lenses or Contact lens allowance				
Collection Contact Lenses***:				
- Disposable	Not covered	4 boxes - Disposable	8 boxes - Disposable	8 boxes - Disposable
- Planned replacement	Not covered	2 boxes - Planned replacement	4 boxes - Planned replacement	4 boxes - Planned replacement
- Evaluation, Fitting, & Follow up Care	Not Covered	\$25 Copay	\$25 Copay	\$25 Copay
Contact Lens Allowance:				
- Allowance:	Allowance up to \$100	Allowance up to \$130	Allowance up to \$130	Allowance up to \$150
- Evaluation, Fitting, & Follow up Care - Standard lenses	Not covered	Not covered	\$25 Copay	\$25 Copay
- Evaluation, Fitting, & Follow up Care - Specialty lenses	Not covered	Not covered	Allowance up to \$60	Allowance up to \$60
Medically Necessary Contact Lenses****:				
- Prescription contact lenses	Covered in full	Covered in full	Covered in full	Covered in full
- Evaluation, Fitting, & Follow up Care	Covered in full	Covered in full	Covered in full	Covered in full
Out of Network Benefits				
Out of Network Benefits	Eye Exam: \$30 allowance Single vision lenses: \$25 allowance Bifocal lenses: \$35 allowance Trifocal lenses: \$45 allowance Lenticular lenses: \$60 allowance Frame allowance (non-collection): \$30 allowance Contact lens allowance (non-collection): \$75 allowance	Eye Exam: \$30 allowance Single vision lenses: \$25 allowance Bifocal lenses: \$35 allowance Trifocal lenses: \$45 allowance Lenticular lenses: \$60 allowance Frame allowance (non-collection): \$30 allowance Contact lens allowance (non-collection): \$75 allowance	Eye Exam: \$30 allowance Single vision lenses: \$25 allowance Bifocal lenses: \$35 allowance Trifocal lenses: \$45 allowance Lenticular lenses: \$60 allowance Frame allowance (non-collection): \$30 allowance Contact lens allowance (non-collection): \$75 allowance	Eye Exam: \$30 allowance Single vision lenses: \$25 allowance Bifocal lenses: \$35 allowance Trifocal lenses: \$45 allowance Lenticular lenses: \$60 allowance Frame allowance (non-collection): \$30 allowance Contact lens allowance (non-collection): \$75 allowance

	Simply Vision Value	Simply Vision Bronze	Simply Vision Silver	Simply Vision Gold
	Medically necessary contact lenses & evaluation, fitting, & follow up: \$225 allowance	Medically necessary contact lenses & evaluation, fitting, & follow up: \$225 allowance	Medically necessary contact lenses & evaluation, fitting, & follow up: \$225 allowance	Medically necessary contact lenses & evaluation, fitting, & follow up: \$225 allowance

*Discounts are not insurance. Discounts are subject to change without notice. Not all providers participate in Davis Vision Discounts, including the fixed lens option pricing. Members should contact their provider prior to scheduling an appointment to confirm if he/she offers the discount and fixed lens option pricing. Simply Vision Silver and Simply Vision Gold may include some lens options as an insured benefit. See contract for full details. Polycarbonate lenses are covered for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.

**Eyeglasses are available in lieu of Contact Lenses. Contact lenses are available in lieu of Eyeglasses.

***Collection is available at most participating independent provider offices. Collection is subject to change. Participating retail providers typically do not display the Collection, but are contractually required to maintain a comparable selection (in both quantity and quality) of frames that would be covered, with no additional member out-of-pocket expense. Collection is subject to change.

****Services will be deemed Medically Necessary only if:

- i.They are clinically appropriate in terms of type, frequency, extent, site, and duration, and considered effective for Your illness, injury, or disease;
- ii.They are required for the direct care and treatment or management of that condition;
- iii.Your condition would be adversely affected if the services were not provided;
- iv.They are provided in accordance with generally accepted standards of vision practice;
- v.They are not primarily for the convenience of You, Your family, or Your Provider;
- vi.They are not more costly than an alternative service or sequence of services, that is at least as likely to produce equivalent therapeutic or diagnostic results;
- vii.When setting or place of service is part of the review, services that can be safely provided to You in a lower cost setting will not be Medically Necessary if they are performed in a higher cost setting.

This document is not a contract. It is only intended to highlight the coverage of this program. Benefits are determined by the terms of the contract. Any inconsistencies between this document and the contract shall be resolved in favor of the contract in effect at the time services are rendered. All benefits are subject to medical necessity. All day and visit limits are combined limits for both in and out of network benefits.

Davis Vision is an independent company providing vision benefit management services and access to their network.

Excellus BlueCross BlueShield is a nonprofit independent licensee of the Blue Cross Blue Shield Association