## **Adult vision plans**

Routine eye exams can help protect your sight. They can also detect a number of health conditions, such as diabetes and high blood pressure, in early stages.

Administered by Davis Vision<sup>®</sup>, our adult vision care plans go beyond eye exams and eyewear. You'll have access to a robust network, low out-of-pocket costs, and a variety of value-added services to meet your needs.

Note: All medical plans include pediatric vision care for members younger than 19.

## Adult coverage includes:

- National network of more than 160,000 access points, including Visionworks<sup>2</sup>
- Davis Vision Exclusive Collection frames for low or no additional out-of-pocket costs
- Exclusive \$50 frame allowance enhancement at Visionworks<sup>2</sup>
- Interactive frame try-on tool so you can see what Exclusive Collection frames look like from home<sup>3</sup>
- Spectacle lens options

Depending on the plan you choose, these lens options are either covered in full or with a fixed out-of-pocket cost at an in-network provider:

- Fashion and gradient tinting of plastic lenses
- Scratch-resistant coating
- Hi-index lenses
- Polarized lenses
- Progressive lenses (standard/premium/ultra/ultimate)
- Anti-reflective coating (standard/premium/ultra/ultimate)

Convenient in-network online shopping

Fixed copays on all lens styles and

coatings, keeping costs easier to understand and transparent

• Fully covered hearing exam, exclusive discounts on hearing supplies, and

more from Your Hearing Network

options, including **1800Contacts.com**, **Glasses.com**, and **Befitting.com** 

- Blue light lenses
- Polycarbonate lenses<sup>4</sup>
- Scratch protection plan for single vision
- Ultraviolet coating



Warby Parker, Target, and Pearle Vision are now included in the network!<sup>1</sup>



VISION COVERED BENEFITS <sup>2</sup>	\$100/\$150 <sup>5,6</sup>	\$130/\$180 <sup>5,6</sup>	\$150/\$200 <sup>5,6</sup>
FREQUENCIES			
Eye exam <sup>7</sup>		12 months	
Spectacle lenses/frames	12 months/12 months		
Contact lenses	12 months		
COPAYS <sup>5</sup>			
Eye exam/spectacle lenses	\$0/\$0	\$0/\$0	\$0/\$0
<b>FRAMES</b> <sup>5</sup>			
Non-Collection frame allowance (retail) <sup>8</sup>	Up to \$100 or up to \$150 at Visionworks, plus 20% off any overage	Up to \$130 or up to \$180 at Visionworks, plus 20% off any overage	Up to \$150 or up to \$200 at Visionworks, plus 20% off any overage
Davis Vision Exclusive Collection in lieu of allowance	Fashion: \$0 Designer: \$15 Premier: \$40	Fashion: \$0 Designer: \$0 Premier: \$25	Fashion: \$0 Designer: \$0 Premier: \$0
CONTACT LENSES <sup>5</sup>			
Collection contact lenses (in lieu of allowance)	Disposable: 4 boxes/multipack; Planned replacement: 2 boxes/multipack	Disposable: 4 boxes/multipack; Planned replacement: 2 boxes/multipack	Disposable: 8 boxes/multipack; Planned replacement: 4 boxes/multipack
Collection evaluation, fitting, and follow-up care	Covered	Covered	Covered
Non-Collection contact lenses materials allowance <sup>8</sup>	Up to \$100, plus 15% off any overage	Up to \$130, plus 15% off any overage	Up to \$150, plus 15% off any overage
Non-Collection evaluation, fitting, and follow-up care; standard and specialty lens types	15% discount	Standard: Covered in full; Specialty & disposable: \$60 program allowance; 15% discount	Standard: Covered in full; Specialty & disposable: \$60 program allowance; 15% discount
TIERED PREMIUM RATES <sup>®</sup>	MONTHLY		
Single	\$10.50	\$11.90	\$13.00
Subscriber and spouse	\$21.00	\$23.80	\$26.00
Parent and child	\$21.00	\$23.80	\$26.00
Parent and children	\$21.00	\$23.80	\$26.00
Family	\$31.50	\$35.70	\$39.00

1. Warby Parker, Target, and Pearle Vision are in-network for adults only. Pediatric members are excluded. Warby Parker is an in-network provider

if your plan has a frame allowance of at least \$85. Check your policy for frame benefit details. 2. An AmeriHealth affiliate has a financial interest in Visionworks. 3. The website for the try-on feature is https://microsite.versanthealth.com/default/tryonframes.

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

5. All benefits displayed are in-network only. Please see your benefit booklet for out-of-network benefits.
6. Adult Vision Care plans cover members ages 19 and older, as well as child dependents ages 19 to 26. Vision benefits for members younger than 19 are included in the medical plans. The chart reflects your in-network benefits. Please see your benefit booklet for your out-of-network coverage.

7. Inclusive of dilation when professionally indicated.

Additional discounts not applicable at Walmart, Sam's Club, or Costco locations.
 Rates are subject to change pending approval from the New Jersey Department of Banking and Insurance.

AmeriHealth vision plans are administered by Davis Vision.

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 $Coverage\ issued\ by\ AmeriHealth\ HMO,\ Inc.\ and/or\ AmeriHealth\ Insurance\ Company\ of\ New\ Jersey.$ 

