



Underwritten by HM Life Insurance Company or  
HM Life Insurance Company of New York

## PMHIC vision benefits (Options C and D)

In-network benefits	Option D			
	Members age 19 and over	Members up to age 19	Members age 19 and over	Members up to age 19
Eye health examination inclusive of dilation (when professionally indicated)	1 x per 24 mos.	1 x per 12 mos.	1 x per 12 mos.	1 x per 12 mos.
Spectacle lenses	1 x per 24 mos.	1 x per 12 mos.	1 x per 12 mos.	1 x per 12 mos.
Frame	1 x per 24 mos.	1 x per 12 mos.	1 x per 24 mos.	1 x per 12 mos.
Contact lens evaluation, fitting & follow-up care (in lieu of eyeglasses)	1 x per 24 mos.	1 x per 12 mos.	1 x per 12 mos.	1 x per 12 mos.
Contact lenses (in lieu of eyeglasses)	1 x per 24 mos.	1 x per 12 mos.	1 x per 12 mos.	1 x per 12 mos.
<b>Copayments</b>				
Eye examination			\$0	
Spectacle lenses			\$0	
Contact lens evaluation, fitting and follow-up care			\$0	
<b>Eyeglass benefit: frame</b>				
Non-Collection frame allowance (retail)	Up to \$60, plus a 20% discount on any overage that may apply <sup>3</sup>			
Davis Vision Exclusive Collection of Frames <sup>1</sup> (in lieu of allowance)				
Fashion level / Designer level / Premier level	Covered / \$15 copayment / \$40 copayment			
<b>Eyeglass benefit: spectacle lenses</b>				
	Example of member charges			
Clear plastic single-vision, lined bifocal, trifocal or lenticular lenses (any size or Rx)	Covered			
Tinting of plastic lenses	\$11			
Polycarbonate lenses (Children <sup>2</sup> / Adults)	\$0 / \$30			
Ultraviolet coating	\$12			
Anti-Reflective (AR) coating	\$35 / \$48 / \$60 / \$85			
Progressive lenses	\$50 / \$90 / \$140 / \$175			
High-index lenses	\$55 / \$120			
Polarized lenses	\$75			
Plastic photochromic lenses (i.e., Transitions <sup>®</sup> Signature <sup>™</sup> )	\$65			
Scratch protection plan: single vision / multifocal lenses	\$20 / \$40			
<b>Contact lens benefit (in lieu of eyeglasses)</b>				
Contact lens: material allowance	Up to \$85, plus 15% discount on any overage that may apply <sup>3</sup>			
Visually required contact lenses (with prior approval): materials, evaluation, fitting & follow-up care	Covered			

### Out of network reimbursement schedule (Options C and D)

Eye examination: up to \$32	Single vision lenses: up to \$25	Trifocal lenses: up to \$46	Elective contact lenses: up to \$85
Frame: up to \$30	Bifocal lenses: up to \$36	Lenticular lenses: up to \$72	Visually required contact lenses: up to \$225
Contact lens daily wear fitting and evaluation: up to \$20	Contact lens extended wear fitting and evaluation: up to \$30		

<sup>1</sup> Exclusive Collection is available at participating independent provider offices and is subject to change.

<sup>2</sup> Polycarbonate lenses covered in full for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.

<sup>3</sup> Additional discounts are not applicable at Sam's Club and Walmart locations.

## Rates (2023 –2026)

	Option C	Option D	Option F	Option H
Single	\$4.24	\$5.09	\$5.29	\$6.04
Family	\$11.05	\$13.22	\$13.77	\$15.69

See reverse for Options F and H

## PMHIC vision benefits (Options F and H)

In-network benefits	Option F	Option H
Eye health examination inclusive of dilation (when professionally indicated)		1 x per 12 mos.
Spectacle lenses		1 x per 12 mos.
Frame		1 x per 12 mos.
Contact lens evaluation, fitting & follow-up care (in lieu of eyeglasses)		1 x per 12 mos.
Contact lenses (in lieu of eyeglasses)		1 x per 12 mos.
<b>Copayments</b>		
Eye examination		\$0
Spectacle lenses		\$0
Contact lens evaluation, fitting and follow-up care		\$0
<b>Eyeglass benefit: frame</b>		
Non-Collection frame allowance (retail)	Up to \$60	Up to \$130, plus a 20% discount on any average that may apply <sup>2</sup>
Davis Vision Exclusive Collection of Frames <sup>2</sup> (in lieu of allowance)		
Fashion level	Covered	Covered
Designer level	\$15 copayment	Covered
Premier level	\$40 copayment	\$25 copayment
<b>Eyeglass benefit: spectacle lenses</b>		
Example of member charges		
Clear plastic single-vision, lined bifocal, trifocal or lenticular lenses (any size or Rx)		Covered
Tinting of plastic lenses	\$11	Covered
Polycarbonate lenses (Children <sup>2</sup> / Adults)		\$0 / \$30
Ultraviolet coating		\$12
Anti-Reflective (AR) coating		\$35 / \$48 / \$60 / \$85
Progressive lenses		\$50 / \$90 / \$140 / \$175
High-index lenses		\$55
Polarized lenses		\$75
Plastic photochromic lenses (i.e., Transitions <sup>®</sup> Signature <sup>™</sup> )		\$65
Scratch protection plan: single vision / multifocal lenses		\$20 / \$40
<b>Contact lens benefit (in lieu of eyeglasses)</b>		
Contact lens: material allowance	Up to \$85	Up to \$130, plus 15% discount on any average that may apply <sup>1</sup>
Eval., fitting & follow-up allowance: standard lens types	–	Covered
Eval., fitting & follow-up allowance: specialty lens types	–	Up to \$60, plus 15% discount on any average that may apply <sup>1</sup>
Collection Contact Lenses <sup>2</sup> (in lieu of allowance) Materials / Evaluation, fitting, and follow-up care	Up to 4 boxes / Covered	–
Visually required contact lenses (with prior approval): materials, evaluation, fitting & follow-up care		Covered
<b>Out of network reimbursement schedule (Options F / H)</b>		
Eye examination: up to \$32 / \$40	Lenticular lenses: up to \$72 / \$100	
Frame: up to \$30 / \$50	Contact lens daily wear fitting and evaluation: up to \$20 (F and H)	
Single vision lenses: up to \$25 / \$40	Contact lens extended wear fitting and evaluation: up to \$30 (F only)	
Bifocal lenses: up to \$36 / \$60	Elective contact lenses: up to \$85 / \$105	
Trifocal lenses: up to \$46 / \$80	Visually required contact lenses: up to \$225 (F and H)	

<sup>1</sup> Exclusive Collection is available at participating independent provider offices and is subject to change. <sup>2</sup> Polycarbonate lenses covered in full for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater. <sup>3</sup> Additional discounts are not applicable at Sam's Club and Walmart locations. Davis Vision coverage is underwritten by HM Life Insurance Company, Pittsburgh, PA, under policy form series HMP902-VIS or similar, in all states except New York. In New York, coverage is underwritten by HM Life Insurance Company of New York, New York, NY, under policy form series HMP902-VIS or similar. The coverage or service requested may not be available in all states and is subject to individual state approval.