



**Blue Edge Vision Plans (Non-Voluntary\*) – WPA**  
 Groups size 2-50 - Rates are effective 1/1/2023 through 12/31/2023

| Frequencies  | Fashion              |                      | Designer              |                       | Premier        |
|--|----------------------|----------------------|-----------------------|-----------------------|----------------|
|  | Value                | Basic                | Value                 | Basic                 |                |
| Eye Exam   | 12 months            | 12 months            | 12 months             | 12 months             | 12 months      |
| Spectacle lenses   | 12 months            | 12 months            | 12 months             | 12 months             | 12 months      |
| Frame  | 24 months            | 12 months            | 24 months             | 12 months             | 12 months      |
| Contact Lenses (in lieu of eyeglasses)                         | 12 months            | 12 months            | 12 months             | 12 months             | 12 months      |
| <b>Copayments</b>  |                      |                      |                       |                       |                |
| Eye Exam   | \$15                 | \$15                 | \$10                  | \$10                  | Included       |
| Spectacle lenses   | \$15                 | \$15                 | \$10                  | \$10                  | Included       |
| Contact Lens Evaluation, Fitting & Follow-Up Care              | N/A                  | N/A                  | N/A                   | N/A                   | N/A            |
| <b>Eyeglass Benefit – Frame</b>                                |                      |                      |                       |                       |                |
| Non-collection Frame Allowance (Retail):                       | Up to \$100          | Up to \$100          | Up to \$120           | Up to \$120           | Up to \$150    |
| Enhanced Visionworks Store Allowance:                          | Up to \$150          | Up to \$150          | Up to \$170           | Up to \$170           | Up to \$200    |
| Davis Vision Frame Collection** (In Lieu of Allowance):        |                      |                      |                       |                       |                |
| - Fashion Level  | Included             | Included             | Included              | Included              | Included       |
| - Designer Level   | \$15 Copay           | \$15 Copay           | Included              | Included              | Included       |
| - Premier Level  | \$40 Copay           | \$40 Copay           | \$25 Copay            | \$25 Copay            | Included       |
| <b>Eyeglass Benefit – Spectacle Lenses</b>                     |                      |                      |                       |                       |                |
| <b>Member Charges</b>  |                      |                      |                       |                       |                |
| Tinting of Plastic Lenses                                      | \$15                 | \$15                 | \$0                   | \$0                   | \$0            |
| Scratch-Resistant Coating                                      | Included             | Included             | Included              | Included              | Included       |
| Polycarbonate Lenses***  | \$0 or \$35          | \$0 or \$35          | \$0 or \$30           | \$0 or \$30           | \$0 or \$30    |
| Ultraviolet Coating  | \$15                 | \$15                 | \$12                  | \$12                  | \$12           |
| Standard Anti-Reflective (AR) Coating                          | \$40                 | \$40                 | \$35                  | \$35                  | \$35           |
| Premium AR Coating   | \$55                 | \$55                 | \$48                  | \$48                  | \$48           |
| Ultra AR Coating   | \$69                 | \$69                 | \$60                  | \$60                  | \$60           |
| Standard Progressive Lenses                                    | \$65                 | \$65                 | \$50                  | \$50                  | \$50           |
| Premium Progressive Lenses (Varilux, etc.)                     | \$105                | \$105                | \$90                  | \$90                  | \$90           |
| Ultra Progressive Lenses                                       | \$140                | \$140                | \$140                 | \$140                 | \$140          |
| High-Index Lenses  | \$60                 | \$60                 | \$55                  | \$55                  | \$55           |
| Polarized Lenses   | \$75                 | \$75                 | \$75                  | \$75                  | \$75           |
| Plastic Photosensitive Lenses                                  | \$70                 | \$70                 | \$65                  | \$65                  | \$65           |
| <b>Contact Lens Benefit (In Lieu of Eyeglasses)</b>            |                      |                      |                       |                       |                |
| Non-Collection Contact Lenses: Materials Allowance             | Up to \$100          | Up to \$100          | Up to \$120           | Up to \$120           | Up to \$150    |
| Collection Contacts Lenses** (In Lieu of Allowance): Materials |                      |                      |                       |                       |                |
| - Disposable   | 4 boxes              | 4 boxes              | 4 boxes               | 4 boxes               | 8 boxes        |
| - Planned Replacement  | 2 boxes              | 2 boxes              | 2 boxes               | 2 boxes               | 4 boxes        |
| - Evaluation, Fitting & Follow-up Care                         | Included             | Included             | Included              | Included              | Included       |
| <b>Out-of-Network Reimbursement Schedule: up to</b>            |                      |                      |                       |                       |                |
| Eye Exam:  | \$40                 | \$40                 | \$40                  | \$40                  | \$40           |
| Frame:   | \$30                 | \$30                 | \$40                  | \$40                  | \$50           |
| Single Vision Lenses:  | \$40                 | \$40                 | \$40                  | \$40                  | \$40           |
| Bifocal/Progressive Lenses:                                    | \$60                 | \$60                 | \$60                  | \$60                  | \$60           |
| Trifocal lenses:   | \$80                 | \$80                 | \$80                  | \$80                  | \$80           |
| Lenticular Lenses:   | \$100                | \$100                | \$100                 | \$100                 | \$100          |
| Elective Contact Lenses:                                       | \$85                 | \$85                 | \$95                  | \$95                  | \$105          |
| Medically Necessary Contact Lenses:                            | \$225                | \$225                | \$225                 | \$225                 | \$225          |
|  | <b>Fashion Value</b> | <b>Fashion Basic</b> | <b>Designer Value</b> | <b>Designer Basic</b> | <b>Premier</b> |
| Single   | \$5.04               | \$5.18               | \$5.94                | \$6.11                | \$7.04         |
| Family   | \$14.60              | \$15.00              | \$17.23               | \$17.72               | \$20.40        |

\*Non-Voluntary participation guidelines: A minimum of 70% participation is required.

\*\*Collection is available at most participating independent provider offices. Collection is subject to change. Collection is inclusive of select torics and multifocals.

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



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| <b>Eyeglass Benefit – Frame</b>                                |                      |                      |                       |                       |                |
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| <b>Eyeglass Benefit – Spectacle Lenses</b>                     |                      |                      |                       |                       |                |
|  |                      |                      | <b>Member Charges</b> |                       |                |
| Tinting of Plastic Lenses                                      | \$15                 | \$15                 | \$0                   | \$0                   | \$0            |
| Scratch-Resistant Coating                                      | Included             | Included             | Included              | Included              | Included       |
| Polycarbonate Lenses***  | \$0 or \$35          | \$0 or \$35          | \$0 or \$30           | \$0 or \$30           | \$0 or \$30    |
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| Premium AR Coating   | \$55                 | \$55                 | \$48                  | \$48                  | \$48           |
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| Ultra Progressive Lenses                                       | \$140                | \$140                | \$140                 | \$140                 | \$140          |
| High-Index Lenses  | \$60                 | \$60                 | \$55                  | \$55                  | \$55           |
| Polarized Lenses   | \$75                 | \$75                 | \$75                  | \$75                  | \$75           |
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| Trifocal lenses:   | \$80                 | \$80                 | \$80                  | \$80                  | \$80           |
| Lenticular Lenses:   | \$100                | \$100                | \$100                 | \$100                 | \$100          |
| Elective Contact Lenses:                                       | \$85                 | \$85                 | \$95                  | \$95                  | \$105          |
| Medically Necessary Contact Lenses:                            | \$225                | \$225                | \$225                 | \$225                 | \$225          |
|  | <b>Fashion Value</b> | <b>Fashion Basic</b> | <b>Designer Value</b> | <b>Designer Basic</b> | <b>Premier</b> |
| Single   | \$6.80               | \$6.98               | \$8.02                | \$8.25                | \$9.50         |
| Family   | \$19.71              | \$20.26              | \$23.26               | \$23.93               | \$27.55        |

\*Voluntary participation guidelines: A minimum of 20% participation is required, and at least two contracts must be enrolled.  
 \*\*Collection is available at most participating independent provider offices. Collection is subject to change. Collection is inclusive of select torics and multifocals.  
 \*\*\*Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.