

2019 Vision Plan Guide & Rates

Individual Plans Overview		Horizon Vista V	Horizon Panorama V
Covered Services		Horizon/Davis Vision View	
In-Network Benefits			
Eye examination inclusive of dilation (when professionally indicated)		Once Every 12 Months	
Spectacle lenses/frames		Once Every 12 Months	
		Copayments	
Eye examination/spectacle lenses		\$10/\$10	
Eyeglass Benefit – Frame		Member Charges	
Non-collection frame allowance (retail)		Up to \$100 or \$150 ¹	Up to \$130 or \$180 ¹
		Plus 20% discount on any average ²	
Davis Vision Frame Collection ³ (in lieu of allowance): Fashion/Designer/Premier		Included/\$15/\$40	Included/\$15/\$40
Eyeglass Benefit – Spectacle Lenses			
Clear plastic single vision, lined bifocal, trifocal or lenticular lenses (any size or Rx)		Included	
Tinting of plastic lenses/scratch-resistant coating		\$15/Included	Included/Included
Polycarbonate lenses (children ⁴ /adult)		\$0/\$35	\$0/\$30
Ultraviolet coating		\$15	\$12
Anti-reflective (AR) coating (standard/premium/ultra)		\$40/\$55/\$69	\$35/\$48/\$60
Progressive lenses (standard/premium/ultra)		\$65/\$105/\$140	\$50/\$90/\$140
High-index lenses/plastic photochromic lenses/polarized lenses		\$60/\$70/\$75	\$55/\$65/\$75
Scratch Protection Plan: single vision/multifocal lenses		\$20/\$40	
Contact Lens Benefit (in lieu of eyeglasses)			
Non-collection contact lenses: materials allowance		Up to \$100	Up to \$130
		Plus 15% discount on any average ²	
Evaluation, fitting and follow-up care – standard and specialty lens types		15% discount ²	
Collection Contact Lenses ³ (in lieu of allowance): Disposable/Planned replacement		N/A	Up to 4 boxes/multipacks/ Up to 2 boxes/multipacks
Evaluation fitting and follow-up care		N/A	Included
Visually required contact lenses (with prior approval): Materials, evaluation, fitting and follow-up care		Included	
Out-of-Network Reimbursement Schedule – Up to:			
Eye examination: \$40	Single vision lenses: \$40	Trifocal lenses: \$80	Elective contact lenses: Vista: \$80/Panorama: \$105
Frame: \$50	Bifocal/progressive lenses: \$60	Lenticular lenses: \$100	Visually required contact lenses: \$225
One-year eyeglass breakage warranty included.			

*Covered for under 19 with \$2,000 lifetime limit.

1. Members receive an additional \$50 allowance at Visionworks retail locations.

2. Additional discounts not applicable at Walmart, Sam's Club or Costco locations.

3. Davis Vision Collection is available at most participating independent provider offices. Collection is subject to change. Contact lens collection (Panorama V) is inclusive of select torics and multifocals.

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

This document is for informational purposes only and does not constitute a binding agreement. Please note that rates are subject to change. Contact Horizon Blue Cross Blue Shield of New Jersey for the most current rates.

Vista V – Monthly Premium Rates		Panorama V – Monthly Premium Rates	
Single	\$12.52	Single	\$13.78
Two Adults*	\$25.04	Two Adults*	\$27.56
Adult/Child(ren)	\$26.29	Adult/Child(ren)	\$28.94
Family	\$36.68	Family	\$40.38