

# Adult vision plans

For adults ages 19 and older, standalone vision plans can be purchased any time of the year, with or without a medical plan. Pediatric vision coverage is included in all Independence medical plans.

## Expect more from your vision plan

Independence offers two adult vision plans: Vision Care 100 and Vision Care 180. Here's what you can expect from both plans:



### A network that goes the distance

You get access to the national Davis Vision network, with 100,000 access points across the country, including Visionworks stores and other retailers.



**100,000** access points in the Davis Vision network



### Fully covered routine annual eye exam

When you use an in-network provider, you pay \$0.



### Fixed fee pricing on all cosmetic lens options

Your options include a wide variety of state-of-the-art lens types and lens styles.



### No-cost and low-cost options for frames and lenses

Choose from more than 220 frames in the Davis Vision Exclusive Collection. Or use an allowance to choose frames or contact lenses from in-network independent providers and retailers nationwide, including Visionworks.



With the Vision Care 180 plan, you get an extra \$50 frame allowance (up to \$180) at Visionworks and deeper discounts on lens options.



### Discounts on other services

Take advantage of discounts on other services, such as laser eye correction, hearing exams, and name-brand hearing aid technology from Your Hearing Network.



## Next step: Apply!

There are several ways to enroll in an adult vision plan:

- Visit [ibx.com/enrollvision](https://ibx.com/enrollvision).
- Call your broker or speak with one of our licensed sales agents at **844-762-2140 (TTY: 711)**.
- Stop by Independence LIVE on the 2nd floor of 1919 Market Street in Philadelphia for help from a licensed sales agent, Monday through Friday, 8 a.m. – 5 p.m.

## Choose an adult vision plan

	Vision Care 100	Vision Care 180
<b>In-network benefits</b>	<b>You pay</b>	<b>You pay</b>
Frequency (exam and hardware)	Once every calendar year	Once every calendar year
Copays for exam and lenses	\$0	\$0
<b>Frame</b>	<b>You pay</b>	<b>You pay</b>
Davis Vision Exclusive Frame Collection (instead of allowance):		
• Fashion selection	\$0 copay	\$0 copay
• Designer selection	\$15 copay	\$0 copay
• Premier selection	\$40 copay	\$25 copay
Non-Collection frame allowance	Up to \$100, 20% discount on average <sup>1</sup>	Up to \$130, or up to \$180 <sup>2</sup> at Visionworks, 20% discount on average <sup>3</sup>
<b>Lens options</b>	<b>You pay</b>	<b>You pay</b>
Clear plastic single-vision, lined bifocal, trifocal, or lenticular lenses (any Rx)	\$0	\$0
Tinting of plastic lenses	\$15	\$0
Scratch-resistant coating	\$0	\$0
Polycarbonate lenses	\$35	\$30
Ultraviolet coating	\$0	\$0
Anti-reflective (AR) coating	\$40/\$55/\$69	\$35/\$48/\$60
Progressive lenses	\$65/\$105/\$140	\$50/\$90/\$140
High-index lenses	\$60	\$55
Transition lenses (plastic photosensitive)	\$70	\$65
Polarized lenses	\$75	\$75
<b>Contact lens benefit (instead of eyeglasses)</b>	<b>Benefit</b>	<b>Benefit</b>
Davis Vision Contact Lens Collection (instead of allowance)		
• Disposable	Not covered	4 boxes/multi-packs
• Planned replacement	Not covered	2 boxes/multi-packs
• Evaluation, fitting, and follow-up care	Not covered	Included
Non-Collection contact lenses: Materials allowance	Up to \$100, plus 15% discount on average <sup>3</sup>	Up to \$130, plus 15% discount on average <sup>3</sup>
Medically necessary contact lenses (with prior approval): Materials, evaluation, fitting, and follow-up care	Included	Included
<b>Out-of-network</b>	<b>Reimbursable amount (up to)</b>	<b>Reimbursable amount (up to)</b>
Eye examination	\$40	\$40
Frame	\$50	\$50
Lenses: Single/bifocal/trifocal/lenticular	\$40/\$60/\$80/\$100	\$40/\$60/\$80/\$100
Elective contact lenses	\$80	\$105
Medically necessary contact lenses	\$225	\$225

## Monthly premiums

Family tier	Vision Care 100	Vision Care 180
Individual	\$13.21	\$14.17
Individual + one dependent	\$26.41	\$28.33
Individual + two or more dependents	\$39.62	\$42.50

<sup>1</sup> Discount not available at Walmart, Sam's Club, and Costco.

<sup>2</sup> Enhanced frame allowance available at all Visionworks locations nationwide. Only available with Vision Care 180 plan.

<sup>3</sup> Certain plan benefits may be enhanced to comply with health care reform law/regulations. Eligible dependent children are covered to age 26.

Independence vision plans are administered by Davis Vision, an independent company.

An affiliate of Independence Blue Cross has a financial interest in Visionworks.

Your Hearing Network products and services are made available through your coverage with Davis Vision. Your Hearing Network is not affiliated with Independence Blue Cross, and does not provide Blue Cross or Blue Shield products or services. Your Hearing Network and/or Davis Vision are responsible for these products and services.

There is a 30-day waiting period for all new vision plan contracts.

Independence Blue Cross offers products through its subsidiaries Independence Hospital Indemnity Plan, Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield — independent licensees of the Blue Cross and Blue Shield Association.

## Language Assistance Services

**Spanish:** ATENCIÓN: Si habla español, cuenta con servicios de asistencia en idiomas disponibles de forma gratuita para usted. Llame al 1-800-275-2583 (TTY: 711).

**Chinese:** 注意: 如果您讲中文, 您可以得到免费的语言协助服务。致电 1-800-275-2583。

**Korean:** 안내사항: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-275-2583 번으로 전화하십시오.

**Portuguese:** ATENÇÃO: se você fala português, encontram-se disponíveis serviços gratuitos de assistência ao idioma. Ligue para 1-800-275-2583.

**Gujarati:** સૂચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. 1-800-275-2583 કોલ કરો.

**Vietnamese:** LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi sẽ cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Hãy gọi 1-800-275-2583.

**Russian:** ВНИМАНИЕ: Если вы говорите по-русски, то можете бесплатно воспользоваться услугами перевода. Тел.: 1-800-275-2583.

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-275-2583.

**Italian:** ATTENZIONE: Se lei parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-275-2583.

**Arabic:** ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك بالمجان. اتصل برقم 1-800-275-2583.

**French Creole:** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-275-2583.

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga serbisyo na tulong sa wika nang walang bayad. Tumawag sa 1-800-275-2583.

**French:** ATTENTION: Si vous parlez français, des services d'aide linguistique-vous sont proposés gratuitement. Appelez le 1-800-275-2583.

**Pennsylvania Dutch:** BASS UFF: Wann du Pennsylvania Deitsch schwetzscht, kannscht du Hilf griege in dei eegni Schprooch unni as es dich ennich epes koschte zellt. Ruf die Nummer 1-800-275-2583.

**Hindi:** ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। कॉल करें 1-800-275-2583।

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, können Sie kostenlos sprachliche Unterstützung anfordern. Wählen Sie 1-800-275-2583.

**Japanese:** 備考: 母国語が日本語の方は、言語アシスタンスサービス (無料) をご利用いただけます。1-800-275-2583へお電話ください。

### Persian (Farsi):

توجه: اگر فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما فراهم می باشد. با شماره 1-800-275-2583 تماس بگیرید.

**Navajo:** Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh. Hódíílnih kojí' 1-800-275-2583.

### Urdu:

توجه درکار ہے: اگر آپ اردو زبان بولتے ہیں، تو آپ کے لئے مفت میں زبان معاون خدمات دستیاب ہیں۔ کال کریں 1-800-275-2583.

**Mon-Khmer, Cambodian:** សូមមេត្តាចាប់អារម្មណ៍: ប្រសិនបើអ្នកនិយាយភាសាមន-ខ្មែរ ឬភាសាខ្មែរ នោះ ជំនួយផ្នែកភាសានឹងមានផ្តល់ជូនដល់លោកអ្នកដោយឥតគិតថ្លៃ។ ទូរសព្ទទៅលេខ 1-800-275-2583។

## Discrimination is Against the Law

This Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

This Plan provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages.

If you need these services, contact our Civil Rights Coordinator. If you believe that This Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator. You can file a grievance in the following ways: In person or by mail: ATTN: Civil Rights Coordinator, 1901 Market Street, Philadelphia, PA 19103, By phone: 1-888-377-3933 (TTY: 711) By fax: 215-761-0245, By email: [civilrightscoordinator@1901market.com](mailto:civilrightscoordinator@1901market.com). If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.