2027 Large Group (51+) Vision Care plans to be paired with PPO medical plans

	Fashion			Designer			Premier	
Plan name	**VC 100**	**VC 100**	**VC 100**	**VC 130**	**VC 130**	**VC 130**	**VC 150**	**VC 150**
InFocus IDs Effective 1/1/25 and 1/1/26	**10055898/10055899***	**10055900/10055901***	**10055881**	**10055903/10055904***	**10055905/10055906***	**10055907/10055908***	**10055909/10055910***	**10055911/10055912***
InFocus IDs Effective 1/1/27	**10073711/10073712***	**10073713/10073714***	**10073694**	**10073716/10073717***	**10073718/10073719***	**10073720/10073721***	**10073722/10073723***	**10073724/10073725***
Benefit frequency								
Eye exam	12 months	12 months	24 months	12 months	12 months	12 months	12 months	12 months
Spectacle lenses	12 months	12 months	24 months	12 months	12 months	12 months	12 months	12 months
Frame	12 months	24 months	24 months	12 months	24 months	24 months	12 months	24 months
Contact lenses	12 months	12 months	24 months	12 months	12 months	12 months	12 months	12 months
Copays								
Eye exam	$0	$10	$0	$0	$10	$10	$0	$10
Spectacle lenses	$0	$25	$0	$0	$10	$25	$0	$25
Frames								
Non-collection frame allowance (retail)	Up to $100	Up to $100	Up to $100	Up to $130	Up to $130	Up to $130	Up to $150	Up to $150
Preferred stores frame allowance (retail)	Up to $150	Up to $150	Up to $150	Up to $180	Up to $180	Up to $180	Up to $200	Up to $200
Davis Vision Frame Collection								
Fashion level	Included	Included	Included	Included	Included	Included	Included	Included
Designer level	$15 copay	$15 copay	$15 copay	Included	Included	Included	Included	Included
Premier level	$40 copay	$40 copay	$40 copay	$25 copay	$25 copay	$25 copay	Included	Included
Contact lenses (in lieu of eyeglasses)								
Collection contact lenses	Not covered	Not covered	Not covered	2 boxes – Planned replacement 4 boxes – Disposable	2 boxes – Planned replacement 4 boxes – Disposable	2 boxes – Planned replacement 4 boxes – Disposable	4 boxes – Planned replacement 8 boxes – Disposable	4 boxes – Planned replacement 8 boxes – Disposable
Collection evaluation, fitting, follow-up care	Not covered	Not covered	Not covered	Included	Included	Included	Included	Included
Non-collection contact lenses: Materials allowance	Up to $100	Up to $100	Up to $100	Up to $130	Up to $130	Up to $130	Up to $150	Up to $150
Collection contact lenses (in lieu of allowance)	N/A	N/A	N/A	2 boxes – Planned replacement 4 boxes – Disposable	2 boxes – Planned replacement 4 boxes – Disposable	2 boxes – Planned replacement 4 boxes – Disposable	4 boxes – Planned replacement 8 boxes – Disposable	4 boxes – Planned replacement 8 boxes – Disposable
Out of network**								
Eye exam	$40	$40	$40	$40	$40	$40	$40	$40
Frame	$50	$50	$50	$50	$50	$50	$50	$50
Single vision lenses	$40	$40	$40	$40	$40	$40	$40	$40
Bifocal/Progressive lenses	$60	$60	$60	$60	$60	$60	$60	$60
Trifocal lenses	$80	$80	$80	$80	$80	$80	$80	$80
Lenticular lenses	$100	$100	$100	$100	$100	$100	$100	$100
Elective contact lenses	$80	$80	$80	$105	$105	$105	$105	$105
Medically necessary contact lenses	$225	$225	$225	$225	$225	$225	$225	$225

* Voluntary
**Out-of-network services are reimbursements and are up to the amount reflected.

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

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24503 4554995 (6/26)

2027 Large Group (51+) Vision Care eyewear riders to be paired with HMO/POS medical plans

	Fashion		Premier	
Plan name	**$35 eyewear benefit – biennial – fully insured**	**$35 eyewear benefit – biennial – self-funded**	**$100 eyewear benefit – biennial – fully insured**	**$100 eyewear benefit – biennial – self-funded**
InFocus IDs Effective 1/1/25 and 1/1/26	**10055879**	**10055880**	**10055924**	**10055923**
InFocus IDs Effective 1/1/27	**10073692**	**10073693**	**10073737**	**10073736**
Benefit frequency				
Eye exam	Not covered	Not covered	Not covered	Not covered
Spectacle lenses	Every two calendar years	Every two calendar years	Every two calendar years	Every two calendar years
Frame	Every two calendar years	Every two calendar years	Every two calendar years	Every two calendar years
Contact lenses	Every two calendar years	Every two calendar years	Every two calendar years	Every two calendar years
Copays				
Eye exam	N/A	N/A	N/A	N/A
Spectacle lenses	$0	$0	$0	$0
Frames				
Non-collection frame allowance (retail)	Up to $10	Up to $10	Up to $65	Up to $65
Preferred stores frame allowance (retail)	Up to $10	Up to $10	Up to $65	Up to $65
Davis Vision Frame Collection				
Fashion level	$0	$0	Included	Included
Designer level	$16	$16	Included	Included
Premier level	$35	$35	Included	Included
Contact lenses (in lieu of eyeglasses)				
Non-collection contact lenses: Materials allowance	Up to $35	Up to $35	Up to $100	Up to $100
Collection contact lenses (in lieu of allowance)	N/A	N/A	N/A	N/A
Out of network*				
Eye exam	$35 lump sum	$35 lump sum	$100 lump sum	$100 lump sum
Frame				
Single vision lenses				
Bifocal/Progressive lenses				
Trifocal lenses				
Elective contact lenses				
Medically necessary contact lenses	$225	$225	$225	$225

*Out-of-network services are reimbursements and are up to the amount reflected.

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