

# Schedule of Benefits 2026

## (Benefit Coverage Plans A and B)

	<b>Benefit</b>	<b>Benefit Coverage Plans A and B In-network Plan</b>	<b>Benefit Coverage Plans A and B Out-of-network Plan</b>
<b>Vision Care</b>	Routine eye exam every two years (every year for children up to age 18)	\$10 copayment per visit	
	Eyeglasses or contact lenses every 2 years (through Davis Vision)	<p>\$30 copay for lenses and/or frames within the Davis Frame Collection,</p> <p>or</p> <p>\$150 credit toward non-plan frames,</p> <p>or</p> <p>\$25 copay for disposable/planned replacement lenses</p>	Paid at up to \$75 for exam and glasses or contact lenses (every two years)