

Schedule of Benefits 2027

(Benefit Coverage Plans A and B)

	Benefit	Benefit Coverage Plans A and B In-network Plan	Benefit Coverage Plans A and B Out-of-network Plan
Vision Care	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)	\$30 copay for lenses and/or frames within the Davis Frame Collection, or \$150 credit toward non-plan frames, or \$25 copay for disposable/planned replacement lenses	Paid at up to \$75 for exam and glasses or contact lenses (every two years)