

**Benefits for McDonalds**

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| **In-Network Benefits – Non-Voluntary** | **Designer Advantage V** |
| Frequency – Once Every: |  |
| Eye Examination (including dilation when professionally indicated) | 12 months |
| Spectacle Lenses | 12 months |
| Frame | 12 months |
| Contact Lenses (in lieu of eyeglass lenses) | 12 months |
| Copayments |  |
| Eye Examination | $5 |
| Spectacle Lenses | $5 |
| Contact Lens Evaluation, Fitting & Follow-Up Care | n/a |
| Eyeglass Benefit - Frame  | Average Retail Value |  |
| Non-Collection Frame Allowance (Retail): | Up to $130 | Up to $120 |
| Davis Vision Frame Collection/1 (in lieu of Allowance): |  |  |
| - Fashion level | Up to $125 | Included |
| - Designer level | Up to $175 | Included |
| - Premier level | Up to $225 | $25 copay |
| Eyeglass Benefit - Spectacle Lenses  | Average Retail Value | Member Charges |
| Clear plastic single-vision, lined bifocal, trifocal or lenticular lenses (any Rx) | $60-$120 | Included |
| Oversize Lenses | $20 | Included |
| Tinting of Plastic Lenses | $20 | $11 |
| Scratch-Resistant Coating | $25-$40 | Included |
| Scratch Protection Plan Single Vision | $60 - $120 | $20 |
| Scratch Protection Plan Multifocal | $60 - $120 | $40 |
| Polycarbonate Lenses/2 | $60-$75 | $0 or $30 |
| Ultraviolet Coating | $25-$30 | $12 |
| Standard Anti-Reflective (AR) Coating  | $50-$70 | $35 |
| Premium AR Coating | $65-$90 | $48 |
| Ultra AR Coating | $100-$125 | $60 |
| Standard Progressive Lenses  | $150-$195 | $50 |
| Premium Progressives (Varilux®, etc.) | $195-$225 | $90 |
| Ultra Progressive Lenses | $225-$300 | $140 |
| Intermediate-Vision Lenses  | $150-$175 | $30 |
| High-Index Lenses | $90-$150 | $55 |
| Polarized Lenses | $95-$110 | $75 |
| Plastic Photosensitive Lenses | $95-$150 | $65 |
| Contact Lens Benefit (in lieu of eyeglasses) |  |
| **Non-Collection Contact Lenses: Materials Allowance**  | Up to $120 |
| - Evaluation, Fitting & Follow-Up Care – Standard Lens Types- Evaluation, Fitting & Follow-Up Care – Specialty Lens Types | Not CoveredNot Covered |
| **Collection Contact Lenses/1 (in lieu of Allowance): Materials**- Disposable- Planned Replacement | Covered In FullCovered In Full |
| - Evaluation, Fitting & Follow-up Care | Included |
| **Medically Necessary Contact Lenses (with prior approval)**- Materials, Evaluation, Fitting & Follow-Up Care | Included |
| Out-of-Network Reimbursement Schedule: up to |
| Eye Examination: $30 | Single Vision Lenses: $25 | Trifocal Lenses: $45 | Elective Contact Lenses: $75 |
| Frame: $30 | Bifocal/Progressive Lenses: $35 | Lenticular Lenses: $60 | Medically Necessary CL: $225 |
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| 1/Collection is available at most participating independent provider offices. Collection is subject to change. Collection is inclusive of select torics and multifocals. |
| 2/Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater. |
| **One-year eyeglass breakage warranty included** |