

# Vision Benefits for Large Groups

## Affinity Discount Program

Benefits	Member Cost
<b>Services</b>	
Eye exam	\$0 cost-share
<b>Frames</b>	
Frames	35% discount off retail
<b>Lens (uncoated plastic)</b>	
Single vision	\$35
Bifocal	\$55
Trifocal	\$65
Lenticular	\$110
<b>Lens Options (add to lens prices above)</b>	
Antireflective coating (premium)	20% discount off retail
Antireflective coating (standard)	\$45
Blended segment lenses	\$20
Glass lenses	\$18
Gradient tint	\$12
Hi-index lenses	\$55
Photochromic glass lenses (single vision)	\$35
Photochromic glass lenses (multifocal)	
Polarized lenses	\$75
Solid tint	\$10
Standard scratch-resistant	\$15
Standard polycarbonate	\$30
Standard progressive (add-on to bifocal)	\$75
Transition lenses	\$65
UV coating	\$15
<b>Contact Lens (available in lieu of spectacles)</b>	
Conventional/disposable/planned replacement	15% discount off retail
<b>Other Add-ons and Services</b>	
Nonprescription sunglasses	10–20% discount off retail
Other ancillary products/solutions	
<b>Laser Vision Correction</b>	
Laser vision correction procedure	Up to 40–50% discount off retail
<b>Frequency</b>	
Examination	Annual
Frames	Unlimited
Lenses	
Contact lenses	

over



Davis Vision, an independent company, administers vision benefits on behalf of BlueCross BlueShield of Western New York. Members must receive services from a Davis Vision provider. Appropriate discounts are taken at time of purchase. Services out-of-network are not covered. Visit [bcbswny.com/vision](https://bcbswny.com/vision) or [davisvision.com](https://davisvision.com) or contact Davis Vision at 1-800-999-5431 to locate a provider near you.

1. Contact lens coverage varies by product selection.
2. Visually required contacts require prior approval.
3. Some limitations apply to additional discounts; discounts not applicable at all in-network providers. Davis Vision has done its best to accurately reflect plan coverage herein. If differences exist between this document and the plan contract, the contract will prevail.

No benefits shall be provided for:

- Vision services received or prescribed before the effective date of coverage or ordered after termination of coverage
- Examinations, frames, or lenses that are not necessary according to accepted standards of ophthalmic practice or that are not prescribed by the attending physician or by the optometrist
- Replacement of lost, stolen, broken, or damaged lenses, contact lenses, or frames, unless at the time of replacement the subscriber is otherwise entitled to benefits for the lenses for frames
- Industrial safety glasses, safety goggles, or sunglasses, whether or not they require a prescription
- Examinations, frames, or lenses required by the subscriber's employment
- Duplication of services: the benefits covered under this amendment are reduced by any benefits received under your contract or group plan

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BCBSWNY complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-544-2583 (TTY 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-544-2583 (TTY 711)。