

## Davis Vision 2018 Benefits

<i>BENEFIT CATEGORY</i>		<b>In-Network Coverage</b>	<b>Out-of-Network Coverage</b>
<b>Routine Eye Examinations</b>	<b>Every 12 months</b>	Copay \$10	Reimbursed up to \$35
<i>Eye Glasses</i>			
<b>Spectacle Lenses</b>	<b>Every 12 months</b>	Copay \$15	Depending on Lens RX \$25 to \$80
<b>Frames</b>	<b>Every 24 months</b>	Davis Frame Collection covered in Full or \$130 retail allowance at Visionworks stores	Reimbursed up to \$35
<b>Contact Lenses</b>	<b>Every 12 months</b>	Allowance Up to \$110 Non-Formulary Plus 15% discount on overage Medically necessary paid in full Prior approval required	Allowance Up to \$110 (elective)  Up to \$210 (medically necessary)

This is a summary for your convenience. For more information visit our website at [www.nmrhca.state.nm.us](http://www.nmrhca.state.nm.us) or call us at 1-800-233-2576