

Vision Benefits



DAVIS Vision Coverage

How do I receive services from a provider in the network?

- Call the network provider of your choice and schedule an appointment.
- Identify yourself as Davis Vision plan participant.
- Provide the office with the member's ID number and the date of birth of any covered children needing services.

It's that easy! The provider's office will verify your eligibility for services, and no claim forms or ID cards are required!

For additional information:

Please call Davis Vision at 1.800.999.5431 with questions or visit our Web site: www.davisvision.com. Member Service Representatives are available (EST): Monday through Friday, 8:00 AM to 11:00 PM, Saturday, 9:00 AM to 4:00 PM, and Sunday, 12:00 PM to 4:00 PM. Participants who use a TTY (Teletypewriter) because of a hearing or speech disability may access TTY services by calling 1.800.523.2847.

For more details about the plan, just log on to the Open Enrollment/Discount Plan section of our Member site at davisvision.com or call 1.877.923.2847 and enter Client Code:

2825: Option I (Designer)
2826: Option II (Premier Platinum Plus)
2827: Option III (Premier Platinum Plus/two-pair benefit)

OUT-OF-NETWORK REIMBURSEMENT SCHEDULE

Eye Examination up to \$52 | Frame up to \$45
Spectacle Lenses (per pair) up to:
Single Vision \$55, Bifocal \$75, Trifocal \$95, Lenticular \$95
Elective Contacts up to \$105, Medically Necessary Contacts up to \$210

Services	Frequency	Plan Design Options		
		Option I: Designer CC#: 2825	Option II: Premier Platinum Plus CC#:2826	Option III: Premier Platinum Plus (Two-Pair Benefit ¹) CC#: 2827
Eye Examination Includes dilation when professionally indicated	Every 12 months	\$10 copayment	\$10 copayment	\$10 copayment
Frames				
Retail Allowance	Every 24 months	Up to \$130 plus 20% discount ²	Up to \$150 plus 20% discount ²	Up to \$150 plus 20% discount ²
Davis Vision Frame Collection		(in lieu of allowance)		
Fashion		Covered in Full	Covered in Full	Covered in Full
Designer		Covered in Full	Covered in Full	Covered in Full
Premier		\$25 copayment	Covered in Full	Covered in Full
Spectacle Lenses Includes single-vision, bifocal, trifocal, lenticular, polycarbonate lenses, and scratch-resistant & UV coating, other lens options available	Every 12 months	\$15 copayment	\$15 copayment includes all lens options, covered in full	\$15 copayment includes all lens options, covered in full
Contact Lenses (in lieu of eyeglasses)				
Retail Allowance	Every 12 months	Up to \$130 plus 15% discount ²	Up to \$150 plus 15% discount ²	Up to \$150 plus 15% discount ²
Davis Vision Collection (in lieu of allowance)		Covered in Full	Covered in Full	Covered in Full
Medically Necessary		Covered in Full	Covered in Full	Covered in Full
Contact Lens Evaluation, Fitting & Follow- Up Care	Every 12 months	\$15 copayment	\$15 copayment	\$15 copayment
Retail Allowance: Standard Type		Covered in Full	Covered in Full	Covered in Full
Retail Allowance: Specialty Type		Up to \$60 plus 15% discount	Up to \$60 plus 15% discount	Up to \$60 plus 15% discount
Davis Vision Collection		Covered in Full	Covered in Full	Covered in Full
Medically Necessary		Covered in Full	Covered in Full	Covered in Full

¹ Members have three options available; two pairs of eyeglasses; one pair of eyeglasses & contact lenses; or two dispenses of contact lenses

² Additional discounts not available at Walmart or Sam's Club locations

Spectacle Lenses Benefit	Plan Design		
	Option I: Designer CC#: 2825	Option II: Premier Platinum Plus CC#:2826	Option III: Premier Platinum Plus (Two-Pair Benefit ¹) C.C#: 2827
Standard Anti-Reflective (AR) Coating	\$35	Included	Included
Premium AR Coating	\$48	Included	Included
Ultra AR Coating	\$60	Included	Included
Standard Progressive Lenses	Included	Included	Included
Premium Progressives (Varilux®, etc.)	\$40	Included	Included
Intermediate-Vision Lenses	\$30	Included	Included
Blended-Segment Lenses	\$20	Included	Included
High-Index Lenses	\$55	Included	Included
Polarized Lenses	\$75	Included	Included
Photochromic Glass Lenses	\$20	Included	Included
Plastic Photosensitive Lenses	\$65	Included	Included
Scratch Protection Plan: Single Vision Lenses Multifocal	\$20 \$40	\$20 \$40	\$20 \$40