

Vision Benefits

Provider: Davis Vision

Vision coverage is available for Pasco County employees and their dependents. The vision plan covers routine eye examinations, corrective lenses, frames and contact lenses.

What are the benefits?

Option 1 & 2 (one-pair benefit) plan frequencies:

- Exam every 12 months
- Lenses every 12 months
- Frames every 24 months

Option 3 (two pair benefit) plan frequencies:

- Exam every 12 months
- Lenses every 12 months
- Two frames every 24 months

***Note:** If you enroll in the vision program your initial enrollment period drives eligibility for your frames. Therefore, if you enroll for the first time, in 2021 then you must obtain your frames in 2021. If you do not get them in 2021, you will be unable to order them in 2022, even if you continue your participation in the vision benefit.

Are there any restrictions or limitations?

If you see a Davis Vision participating provider, you will receive full benefits. If you use a non-participating provider, your benefits will be reduced.

Could I incur additional costs?

Yes, depending upon the plan option that you choose. If you choose option 2 or 3, you will see in the comparison chart that extra features such as tint or polarized lenses will be covered without any additional charges. Please refer to the coverage chart for more detail regarding covered benefits and co-payment costs.

What is the 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

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 website: www.davisvision.com.

Member Service Representatives are available (EST): Monday through Friday 8:00am- 11:00pm, Saturday 9:00am- 4:00pm, Sunday 12:00pm- 4:00pm. 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 your Client Code:

2825: Option 1 (Designer)

2826: Option 2 (Premier Platinum Plus)

2827: Option 3 (Premier Platinum Plus/ Two-pair Benefit)





Vision benefits for Pasco County School employees

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		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	Every 24 months	(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 most lens options, Covered in full	\$15 copayment includes most 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
Visually required		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 ²	Up to \$60 plus 15% discount ²	Up to \$60 plus 15% discount ²
Davis Vision collection		Covered in full	Covered in full	Covered in full
Visually required		Covered in full	Covered in full	Covered in full

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

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

Out-of-network reimbursement rate
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, Visually required contacts up to \$210

Contact your benefits department today to enroll.

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)

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) CC#: 2827
All ranges of prescriptions and sizes	Included	Included	Included
Choice of glass or plastic lenses	Included	Included	Included
Tinting of plastic lenses	Included	Included	Included
Scratch-resistant coating	Included	Included	Included
Polycarbonate lenses	Included	Included	Included
Ultraviolet coating	Included	Included	Included
Standard anti-reflective (AR) coating	\$35	Included	Included
Premium AR coating	\$48	Included	Included
Ultra AR coating	\$60	Included	Included
Ultimate AR coating	\$85	\$85	\$85
Standard progressive lenses	Included	Included	Included
Premium progressive lenses	\$40	Included	Included
Ultra progressive lenses	\$90	\$50	\$50
Ultimate progressive lenses	\$125	\$85	\$85
Intermediate-vision lenses	\$30	Included	Included
Blended-segment lenses	\$20	Included	Included
High-index lenses 1.67	\$55	Included	Included
High-index lenses 1.74	\$120	\$120	\$120
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

Value-added features:

Replacement contacts through DavisVisionContacts.com mail-order contact lens replacement service ensures easy, convenient purchasing online and quick shipping direct to your door. Davis Vision provides you and your eligible dependents with the opportunity to receive discounted laser vision correction, often referred to as LASIK. For more information, visit www.davisvision.com.

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 - 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!

Who are the network providers?

They are licensed providers who are extensively reviewed and credentialed to ensure that stringent standards for quality service are maintained. Please call 1 (800) 999-5431 to access the Interactive Voice Response (IVR) Unit, which will supply you with the names and addresses of the network providers nearest you, or you may access our Web site at www.davisvision.com and utilize our "Find a Doctor" feature.

Want additional information?

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from



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davisvision.com

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Vision Benefits

Vision Plans - per pay deductions

Davis Vision Rates 2021		
Option 1: Designer	24 Pay	20 Pay
Employee Only	\$6.55	\$7.86
Employee + One	\$11.78	\$14.13
Family	\$18.32	\$21.99
Option 2: Premier Platinum Plus	24 Pay	20 Pay
Employee Only	\$10.63	\$12.75
Employee +One	\$19.13	\$22.96
Family	\$29.76	\$35.71
Option 3: Premier Platinum Plus 2 Pair	24 Pay	20 Pay
Employee Only	\$17.92	\$21.51
Employee + One	\$32.26	\$38.71
Family	\$50.18	\$60.21