

# Vision benefits for Pasco County School employees

		Plan design options			
Services	Frequency	Option I: Designer CC#: 2825	Option II: Premier platinum plus CC#:2826	Option III: Premier platinum plus (Two-pair benefit¹) 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% discount²	Up to \$150 plus 20% discount²	Up to \$150 plus 20% discount²	
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 most lens options, Covered in full	\$15 copayment includes most lens options, Covered in full	
Contact lenses (in lieu of eyeglasses)					
Retail allowance	Every	Up to \$130 plus 15% discount²	Up to \$150 plus 15% discount²	Up to \$150 plus 15% discount²	
Davis Vision collection (in lieu of allowance)	12 months	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		\$15 copayment	\$15 copayment	\$15 copayment	
Retail allowance: standard type	Every 12 months	Covered in full	Covered in full	Covered in full	
Retail allowance: specialty type		Up to \$60 plus 15% discount²	Up to \$60 plus 15% discount²	Up to \$60 plus 15% discount <sup>2</sup>	
Davis Vision collection		Covered in full	Covered in full	Covered in full	
Visually required		Covered in full	Covered in full	Covered in full	

<sup>&</sup>lt;sup>1</sup>Members have three options available; two pairs of eyeglasses; one pair of eyeglasses & contact lenses; or two dispenses of contact lenses

## 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.

Effective 1/1/2023 the plan becomes Davis Vision by Metlife and the new phone is 833-Eye-Life 833-393-5433 and website metlife.com/mybenefits takes effect. Client Codes are no longer used post 1/1/2023.

<sup>&</sup>lt;sup>2</sup>Additional discounts not available at Walmart or Sam's Club locations

	Plan design			
Spectacle lenses benefit	Option I: Designer CC#: 2825	Option II: Premier platinum plus CC#:2826	Option III: Premier platinum plus (Two-pair benefit <sup>/1</sup> ) 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.

### 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!

#### 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.dayisyision.com** and utilize our "Find a Doctor" feature.

#### Want 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.