

Welcome to Davis Vision!

We are pleased to provide you with information on your vision benefit to help you care for your vision and eye health - a key part of overall health and wellness!

If you are not currently enrolled, please visit our member site at davisvision.com and enter client code 4937 or call 1.888-790-9910 to locate providers or for additional information.

Using your benefits is easy! Just log on to our Member site at davisvision.com and click "Find a Provider," or call us at 1.888.790.9910.

Make an appointment. Tell your provider you are a Davis Vision member with coverage through Davis Vision Direct. Provide your member ID number, name and date of birth, and do the same for your covered dependents seeking vision services. Your provider will take care of the rest!

Your Davis Vision Designer Plan Benefits



Benefit	Frequency Once every -	In-network Copay	In-network Coverage
Eye Examination	12 months	\$10	After copay, covered in full. <i>Includes dilation when professionally indicated.</i>
Spectacle Lenses	12 months	\$25	After copay, clear glass or plastic lenses in any single vision, bifocal, trifocal or lenticular prescription. (See below for additional lens options and coatings.)
Frame	24 months	\$0	<p>Covered in Full Frames: Any Fashion or Designer level frame from Davis Vision's Collection² (retail value, up to \$160).</p> <p>OR, Frame Allowance: \$130 toward any frame from provider plus 20% off any balance.¹ No copay required.</p>
Contact Lens Evaluation, Fitting & Follow Up Care	12 months	\$25	<p>Davis Vision Collection Contacts: Covered in full.</p> <p>Standard, Soft Contacts: After copay, covered in full.</p> <p>Specialty Contacts³: \$60 allowance less copay plus 15% off balance¹.</p>
Contact Lenses (in lieu of eyeglasses)	12 months	\$0	<p>Covered in Full Contacts: From Davis Vision's Collection², up to: Planned Replacement Disposable Four boxes/multi-packs* Eight boxes/multi-packs* OR, Contact Lens Allowance: \$130 allowance toward any contacts from provider's supply plus 15% off balance.¹ No copay required.</p> <p>OR, Medically Necessary Contacts: Covered in full with prior approval.</p> <p>*Number of contact lens boxes may vary based on manufacturer's packaging.</p>

Significant savings on optional frames, lens types and coatings!

	Member Price
Davis Vision Collection Frames: Premier	\$25
Tinting of Plastic Lenses or Glass Grey #3 Lenses	\$0
Oversize Lenses	\$0
Scratch Resistant Coating	\$0
Ultraviolet Coating	\$12
Anti-Reflective Coating: Standard Premium Ultra	\$35 \$48 \$60
Polycarbonate Lenses	\$0 ⁴ -\$30
High-index Lenses	\$55
Progressive Lenses: Standard Premium Ultra	\$50 \$90 \$140
Polarized Lenses	\$75
Photochromic Lenses (i.e. Transitions®, etc.) ⁵ : Plastic Glass	\$65 \$20
Intermediate Lenses	\$30
Blended Segment Lenses	\$20
Scratch Protection Plan: Single Vision Lenses Multifocal Lenses	\$20 \$40

¹ Additional discounts not applicable at Walmart, Sam's Club or Costco locations.
² The Davis Vision Collection is available at most participating independent provider locations.
³ Including, but not limited to toric, multifocal and gas permeable contact lenses.
⁴ For dependent children, monocular patients and patients with prescriptions of +/- 6.00 diopters or greater.
⁵ Transitions® is a registered trademark of Transitions Optical Inc.

Please note: Your provider reserves the right to not dispense materials until all applicable member costs, fees and copayments have been collected. Contact lenses: Routine eye examinations do not include professional services for contact lens evaluations. Any applicable fees are the responsibility of the member. If contact lenses are selected and fitted, they may not be exchanged for eyeglasses. Progressive lenses: If you are unable to adapt to progressive addition lenses you have purchased, conventional bifocals will be supplied at no additional cost; however, your copayment is nonrefundable. May not be combined with other discounts or offers.

Out-of-Network Reimbursement Schedule: up to

Eye Examination: \$40	Single Vision Lenses: \$40	Trifocal Lenses: \$80	Elective Contact Lenses: \$105
Frame: \$50	Bifocal/Progressive Lenses: \$60	Lenticular Lenses: \$100	Medically Necessary CL: \$225

¹ Additional discounts not applicable at Walmart, Sam's Club or Costco locations.

² Collection is available at most participating independent provider offices. Collection is subject to change. Collection is inclusive of select torics and multifocals.

³ Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.