Vision Plan

DavisVision

davisvision.com | 1 (877) 923-2847, 8782

Premier 3B
your vision plan

Client code: 8782

Frequency

Exam: 12 mos.
Lenses & lens upgrades: 12 mos.
Frame: 24 mos.
Contacts, evaluation & fitting: 12 mos.



Sign up during open enrollment

For more details about the plan, visit davisvision.com/member and enter your Client Code or call 1 (877) 923-2847 and enter your Client Code when prompted.

Exams & Services

Eye Exam copay:
$10

Contacts evaluation, fitting & follow-up:

Conventional lens	Specialty lens
$0 copay	**$0 copay**
15% Discount[1]	**15% Discount**[1]

Lenses

Lens copay:
$25

Frame

Allowance:

$150

+Additional 20% **off** any overage.[1]

or

The Exclusive Collection copay:

Fashion	Designer	Premier
Covered in full	**Covered in full**	**Covered in full**

Contacts[2] in lieu of glasses

Allowance:

$150

+Additional 15% **off** any overage.[1]

or

The Exclusive Collection of Contact Lenses:[3]

Covered in full

Find a network provider...

Enter your client code in the "Member Sign In" section of our website at davisvision.com/member to locate a provider near you including Visionworks.

Using your client code

Log in using your client code (listed above) at davisvision.com/member to find a list of in-network providers near you and access your benefit information.

The Exclusive Collection

The Exclusive Collection of frames is available at nearly 9,000 locations across the U.S. Log in to browse frames, and find a Collection near you.

Free breakage warranty

Your glasses are covered with our FREE one-year breakage warranty. Some limitations apply.

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Copays for options & upgrades

Lens options

Clear plastic single-vision, bifocal, trifocal or lenticular lenses (any RX)	$0
Oversized Lenses	$0
Plastic Lenses	$0
Polycarbonate Lenses (Children / Adults)	$0 or $30
High-Index Lenses	$55
Polarized Lenses	$75
Progressive Lenses (Standard / Premium / Ultra)	$50 / $90 / $140
Anti-Reflective (AR) Coating (Standard / Premium / Ultra)	$35 / $48 / $60
Ultraviolet Coating	$12
Tinting of Plastic Lenses (Solid / Gradient)	$0
Plastic Photochromic Lenses (Transitions® Signature™)	$65
Scratch-Resistant Coating	$0
Scratch-Protection Plan (Single-Vision | Multifocal)	$20 | $40



Additional savings

Retinal imaging (Member charge)	$39
Additional pairs of eyeglasses	30% discount[1]



Vision Rates

Employee Only	Employee + Spouse	Employee + Children	Employee + Family
$6.39	$12.78	$13.42	$18.69

Out-of-network benefits

You may receive services from an out-of-network provider, although you will receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network.

Out-of-network reimbursement schedule (up to)	
Eye Examination: $40	Trifocal Lenses: $80
Frame: $50	Lenticular Lenses: $100
Single-Vision Lenses: $40	Elective Contact Lenses: $105
Bifocal / Progressive Lenses: $60	Visually Required Contacts: $225

1. Some limitations apply to additional discounts; discounts not applicable at all in-network providers. 2. Contact lens coverage varies by product selection. Visually Required contacts are covered in full with prior approval. 3. The Davis Vision Exclusive Collection of Contact Lenses is available at participating providers. Evaluation, fitting and follow-up care for Collection contacts are covered in full. Davis Vision has done its best to accurately reflect plan coverage herein. If differences exist between this document and the plan contract, the contract will prevail.