

Benefits at a Glance	Vision Managed by Davis Vision and Provided to All Employees with Medical Coverage	
	In-Network	Out-of-Network
Plan Contact Information	800-208-2112 www.davisvision.com ; client control code 4443	
Routine Eye Examination (once every 12 months)	Covered in full after \$15 copay. Eye examination with dilation, as professionally indicated, included.	Covered up to \$40.
Frames (once every 24 months in lieu of contact lenses)	Davis Vision Designer Collection (available at independent network providers): Covered in full. Davis Vision Premier Collection (available at independent network providers): \$25 copay. Outside Davis Vision Collection (available at all independent and retail network providers): \$100 allowance.	Covered up to \$50.
Spectacle Lenses (once every 12 months in lieu of contact lenses)		
Single Vision	Covered in full.	Covered up to \$50.
Bifocal Lenses	Covered in full.	Covered up to \$75.
Trifocal Lenses	Covered in full.	Covered up to \$100.
Lenticular Lenses	Covered in full.	Covered up to \$150.
Scratch Resistant Coating	Covered in full.	Included in base lens reimbursements above.
Other Lens Options	Available at discounted fixed fees.	Not covered.
Contact Lenses (once every 12 months in lieu of eyeglasses)		
Contact Lens Materials	One pair of standard, soft daily wear; two boxes of planned replacement lenses or 4 boxes of disposables covered in full if from Davis Vision Formulary (available at independent network providers). Elective contact lenses outside of Davis Vision Formulary (available at all independent and retail network providers): \$100 allowance.	Covered up to \$100.
Contact Lens Fitting Fee with 2 Follow Up Visits	Covered in full after \$20 copay for Formulary contact lenses.	Covered up to \$40.
Medically Necessary Contact Lenses (with prior approval)	Covered in full.	Covered up to \$225.
Additional Features		
One-Year Eyeglass Breakage Warranty	Included for all spectacle lenses, Davis Vision Collection frames and retailer supplied frames.	Not included.
Lens 1-2-3!®	Included.	N/A
Membership		
Laser Vision Correction Discount	Up to 25% off the provider's usual and customary fees, or a 5% discount on any advertised special.	Not covered.
Low Vision Coverage	Included.	Not included.