

Premier 1 Vision Plan

Healthy eyes and clear vision are an important part of your overall health and quality of life. With the rising cost of eyewear you can't afford not to be covered through a managed vision care plan. Your vision plan helps you care for your eyes while saving you money by offering:

Paid-in-full eye examinations, eyeglasses and contacts!

Frame Collection: Your plan includes a selection of designer, name brand frames that are completely covered in full.¹

Contact Lens Collection: Select from the most popular contact lenses on the market today with Davis Vision's Contact Lens Collection.¹

One-year eyeglass breakage warranty included on plan eyewear at no additional cost!

How to locate a network provider...

Just log on to the Open Enrollment/Discount Plan section of our Member site at davisvision.com and click "Find a Provider" to locate a provider near you including:



Contact your Human Resources 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 and enter Client Code 4940 or call 1.888.790.9910

In-Network Benefits	
Eye Examination Every 12 Months	Covered in full
Eyeglasses	
Spectacle Lenses Every 12 Months	Covered in full for standard single-vision, lined bifocal, or trifocal lenses
Frames Every 24 months	\$150 retail allowance toward any frame from provider, plus 20% off balance ³ -OR- Covered in full - Any frame from Davis Vision's Collection ¹ (value up to \$225)
Contact Lenses	
Contact Lens Evaluation, Fitting & Follow Up Care Every 12 Months	For Standard Contacts: Covered in full -OR- For Specialty Contacts: \$60 allowance with 15% off balance after \$25 copayment
Contact Lenses (in lieu of eyeglasses) Every 12 months	\$150 retail allowance toward provider's lenses, plus 15% off balance ³ -OR- Covered in full - Any contact lenses from Davis Vision's Contact Lens Collection ¹ (8 boxes disposables, 4 boxes planned replacement)

Service	Without Davis Vision	With Davis Vision
Eye Examination	\$100	\$0
Lenses		
Bifocals	\$80	\$0
Scratch-Resistant Coating	\$20	\$0
Frame	\$130	\$0
Total	\$330	\$0

¹The Davis Vision Collection is available at most participating independent provider locations.
²For dependent children, monocular patients and patients with prescriptions of 6.00 diopters or greater.
³Additional discounts not applicable at Walmart or Sam's Club locations.
⁴Transitions® is a registered trademark of Transitions Optical Inc.

Davis Vision has made every effort to correctly summarize your vision plan features. In the event of a conflict between this information and your organization's contract with Davis Vision, the terms of the contract or insurance policy will prevail.

Davis Vision plans offer....

Value for our Members A comprehensive benefit ensuring low out-of-pocket cost to members and their families. Our goal is 100% member satisfaction.

Convenient Network Locations A national network of credentialed preferred providers throughout the 50 states.

Value-Added features:

- Replacement contacts through LENS123® mail-order contact lens replacement service, saving both time and money.
- Laser Vision Correction discounts of up to 25% off the provider's Usual & Customary fees, or 5% off advertised specials, whichever is lower.
- Additional savings at most participating network locations up to 20% off additional eyeglasses, sunglasses and items not covered by the benefit and 10% off disposable contact lenses.³

Frequently Asked Questions:

How can I contact Member Services?

Call 1-888-790-9910 for automated help 24/7. Live help is also available seven days a week. Monday-Friday, 8 a.m.-11 p.m., Saturday, 9 a.m.-4 p.m., Sunday, 12 p.m.-4p.m. (Eastern Time) (TTY services: 1-800-523-2847.)

What frames are in Davis Vision's Collection?

Our Collection offers a great selection of fashionable and designer frames, most of which are covered in full after your copay. No wonder 8 out of 10 members select a Collection frame. Log on to our member Web site at davisvision.com and take a look!

When will I receive my eyewear?

Your eyewear will be delivered to your network provider generally within five business days of order receipt. Special prescriptions, lens coatings, provider frames or out-of-stock frames may delay the standard turnaround time.

Do I need a claim form?

Claim forms are only required if you visit and out-of-network provider. Claim forms are available on our member Web site.

Can I split my benefits?

You may split your benefits by receiving your eye examination, spectacle lenses and a frame or contact lenses on different dates or through different provider locations. To maximize your benefit value we recommend that all services be obtained from a network provider.

Are there any exclusions to the vision benefits?

Your vision plan does not cover medical treatment of eye disease or injury; vision therapy; special lens designs or coating, other than those described herein; replacement of lost eyewear; non-prescription (plano) lenses; contact lenses and eyeglasses in the same benefit cycle; services not performed by licensed personnel; two pair of eyeglasses in lieu of bifocals.

Additional Lens Options	Without Davis Vision	With Davis Vision
Clear Plastic Lenses, All Ranges Of Prescriptions And Sizes	\$60-\$120	\$0
Oversize Lenses	\$25	\$0
Tinting Of Plastic Lenses	\$20	\$0
Scratch-Resistant Coating	\$20	\$0
Polycarbonate Lenses	\$64	\$0
Ultraviolet Coating	\$26	\$0
Standard Anti-Reflective (AR) Coating	\$62	\$0
Premium AR Coating	\$76	\$48
Ultra AR Coating	\$114	\$60
Standard Progressive Lenses	\$154	\$0
Premium Progressives (Varilux ^{®/2} , etc.)	\$225	\$90
Intermediate Lenses	\$160	\$30
High-Index Lenses	\$121	\$55
Polarized Lenses	\$95	\$75
Plastic Photosensitive Lenses	\$126	\$65
Scratch Protection Plan (Single Vision Multifocal Lenses)		\$20 \$40

^{1/} Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions 6.00 diopters or greater.

^{2/} Varilux[®] is a registered trademark of Societe Essilor International

^{3/} Additional discounts not applicable at Walmart or Sam's Club locations.

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. If you choose an out-of-network provider, you must pay the provider directly for all charges and then submit a claim for reimbursement to:

Vision Care Processing Unit
P.O. Box 1525 Latham, NY 12110

Out-of-Network Reimbursement	
Eye Examination	up to \$40
Frame	up to \$50
Spectacle Lenses (per pair)	
Single Vision	up to \$40
Bifocal/Progressive	up to \$60
Trifocal	up to \$80
Lenticular	up to \$100
Elective Contacts	up to \$105
Medically Necessary Contacts	up to \$225