



Please visit the open enrollment section of Davis Vision's website: www.davisvision.com and enter client control code 2277 to utilize the open enrollment information, or call 1-877-923-2847 with questions.

DESIGNER NETWORK BENEFITS INCLUDE

- **EXAMINATION:** one eye examination, including dilation, when professionally indicated, every calendar year covered at 100% after a \$10.00 copayment.
- **FRAME AND SPECTACLE LENSES:** one pair of spectacle lenses every calendar year, an eyeglass frame every other calendar year; you may choose a frame from the Davis Vision "Designer Collection" covered at 100% after a \$10.00 copayment; or a \$130 CREDIT plus a 20% discount on any overages toward a network provider's frame. In addition, many lens types and coatings (all ranges of prescriptions and sizes, glass or plastic, oversize lenses, fashion and gradient tinting, glass grey prescription sunglasses, standard progressive multifocal lenses, standard ARC (anti-reflective coating), and polycarbonate lenses for dependent children, etc.) ARE INCLUDED while others are offered at significantly discounted prices.
- **CONTACT LENSES** (in lieu of eyeglasses): standard soft, daily-wear; disposable or planned replacement contact lenses from the **Davis Vision contact lens selection** covered at 100% after a \$10.00 copayment, every calendar year. This includes the contact lens fitting and evaluation fees. A \$130 CREDIT plus a 15% discount on any overage will be applied toward contact lenses, fitting and follow-up fees from a network provider's own supply.
- **OUT OF NETWORK COVERAGE:** reimbursement up to the plan maximums for an eye examination and eyewear.

SAMPLE COST SAVINGS

	AVERAGE RETAIL COST	YOU PAY	YOU SAVE
Examination (including dilation)	\$75	\$10	\$65
Eyewear (Frame and bifocal lenses)	\$175-\$250	\$10	\$165-240
Warranty	\$75	\$0	\$75
Total	\$325-\$400	\$20	\$305-\$385

Savings based on in-network usage

PREMIUMS *

	18 PAY	24 PAY
Employee	\$4.91	\$3.69
Employee/Spouse	\$8.53	\$6.40
Employee/Child(ren)	\$8.97	\$6.73
Family	\$13.94	\$10.46

*Additional pre-tax savings will apply

Fayette County Public Schools

This is only a summary of your Vision Care benefits.

For a complete description please refer to your Vision care Plan Benefit Description.

SPECTACLE LENS OPTIONS	AVERAGE RETAIL COST	YOU PAY	YOU SAVE
All Ranges of Prescriptions and Sizes	\$60-\$120	\$0	\$60-\$120
Plastic or Glass Lenses	\$30-\$35	\$0	\$30-\$35
Oversized Lenses	\$20	\$0	\$20
Fashion Gradient Tinting	\$20	\$0	\$20
Glass-Grey #3 Prescription Sunglasses	\$20	\$0	\$20
Standard Progressive Addition Lenses	\$150 - \$200	\$0	\$150 - \$200
Standard Anti-Reflective (AR) Coating	\$50 - \$65	\$0	\$50 - \$65
Premium Progressives (Varilux™, Kodak, etc.)	\$200 - \$300	\$40	\$160 - \$260
Intermediate Vision Lenses	\$150 - \$175	\$30	\$120 - \$145
Blended Segment Lenses	\$50	\$20	\$30
Scratch Resistant Coating	\$30 - \$60	\$20	\$10 - \$40
Ultraviolet Coating	\$30	\$12	\$18
Premium AR Coating	\$65 - \$80	\$13	\$52 - \$67
Ultra AR Coating	\$110 - \$125	\$60	\$50 - \$65
Hi-Index Lenses	\$100 - \$150	\$55	\$45 - \$95
Polarized Lenses	\$95	\$75	\$75
Photochromic Glass Lenses	\$30 - \$60	\$20	\$10 - \$40
Plastic Photosensitive Lenses	\$100 - \$150	\$65	\$35 - \$85

USING THE BENEFIT IS AS EASY AS...

- Call the network provider of your choice and schedule an appointment.
- Identify yourself as a Davis Vision plan participant.
- Provide the office with the member's ID number and the name and 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 are required.

CONVENIENT ACCESS TO PROVIDERS

Our licensed providers 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 website at www.davisvision.com and utilize our "Find a Doctor" feature.

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

You will be reimbursed up to \$30 for an eye examination, up to \$30 for frames, up to \$25 for single vision lenses, up to \$35 for bifocals, up to \$45 for trifocals, up to \$60 for lenticular lenses, up to \$75 for elective contact lenses, or up to \$225 for medically necessary contact lenses.

FOR MORE INFORMATION

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Davis Vision Member Service Representatives are available:

Monday -- Friday, 8 am to 11 pm
Saturday, 9 am to 4 pm
Sunday, 12 pm to 4 pm

E A S T E R N T I M E

Participants who use a TTY (Teletypewriter) because of a hearing or speech disability may access TTY services by calling 1-800-523-2847.