Presbyterian Vision Plans for Individual and Family Plan



Presbyterian Health Plan is pleased to provide you with vision coverage options for your entire family. Vision for Children and Vision Basic are included with your medical plan.

Plan Features

Large and diverse network

- Greater number of providers and retailers
- Ability to purchase eyewear online from retailers including Glasses.com[™], 1-800 Contacts[®], Befitting and Visionworks[®]
- Out-of-network reimbursement

Benefits that are easy to use and understand

• Members can check benefits, eligibility, search for eye care professionals and track frame status through a convenient mobile app and online through the Davis Vision member portal.

Find an eye care professional at davisvision.com/presbyterian, then schedule your eye exam today!

Summary of Benefits

Vision for Children and Vision Basic plans are included at no additional cost.		
In-network benefits	Vision for Children (included for children up to age 19)	Vision Basic (included for all members age 19+)
Frequencies		
Eye exam	12 months	12 months
Spectacle lenses	12 months	N/A
Frame	12 months	N/A
Contact lens evaluation, fitting and follow-up care	12 months	N/A
Copayments		
Eye exam	\$0	\$0
Spectacle lenses	\$0	SV \$45 / BF \$65 / TF \$95 / CA \$120
Contact lens evaluation, fitting and follow-up care	\$0	N/A
Coverage		
Frame allowance (retail):	Up to \$100, plus 20% discount on any overages	35% off provider's U&C (usual and customary)
Davis Vision frame collection** (in lieu of allo	wance):	
Fashion Level	\$0 Copay	N/A
Designer Level	\$15 Copay	N/A
Premier Level	\$40 Copay	N/A
Contact lenses: materials allowance	Up to \$100, plus 15% discount on any overages	15% off provider's U&C (usual and customary)
Laser Benefit		
One-time/lifetime allowance	N/A	N/A
Eyeglass Benefit – Spectacle Lenses		
Digital single vision (intermediate)	\$30	\$30
Scratch-resistant coating	Covered	\$15
Polycarbonate lenses (child/adult)	Covered	\$35
Standard anti-reflective (AR) coating	\$40	\$45
Standard progressive lenses	\$65	\$65
Out-of-Network Reimbursements		
Eye exam	\$55	\$55
Frame	\$50	N/A
Single vision lenses	\$40	N/A
Bifocal/progressive lenses	\$60	N/A
Progressive lenses	N/A	N/A
The benefit information provided is a brief and or exclusions. For more information, call	summary, not a comprehensive descrip 1-800-999-5431 or refer to the policy a	tion of all benefits, limitations at davisvision.com/presbyterian.