

Vision Plans are underwritten by Presbyterian Health Plan/Presbyterian Insurance Company and administered by Davis Vision.

Vision for Children and Vision Basic plans are included at no additional cost. For a low monthly premium, adults can upgrade to the Vision Plus, Vision Premier, and Vision Premier Plus plans.					
In-Network Benefits	Vision for Children (included for children up to age 19)	Vision Basic (included for all members age 19+)	Vision Plus (coverage \$3.25 per month for each adult enrolled)	Vision Premier (coverage \$5.11 per month for each adult enrolled)	Vision Premier Plus (coverage \$7.45 per month for each adult enrolled)
Frequencies					
Eye exam	12 months	12 months	12 months	12 months	12 months
Spectacle lenses	12 months	N/A	24 months	12 months	12 months
Frame	12 months	N/A	24 months	24 months	12 months
Contact lens evaluation, fitting and follow-up care	12 months	N/A	12 months	12 months	12 months
Copayments					
Eye exam	\$0	\$0	\$10	\$10	\$0
Spectacle lenses	\$0	SV \$45 / BF \$65 / TF \$95 / CA \$120	\$25	\$15	\$10
Contact lens evaluation, fitting and follow-up care	\$0	N/A	\$0	\$15	\$10
Coverage					
Frame allowance (retail):	Up to \$100, plus 20% discount on any overages	35% off provider's U&C (usual and customary)	Up to \$130, plus 20% discount on any overages	Up to \$150, plus 20% discount on any overages	Up to \$180, plus 20% discount on any overages
Additional discounts and coverage available at Visionworks® and for Davis Vision collections. Visit Davis Vision at www.davisvision.com .					
Contact lenses: materials allowance	Up to \$100, plus 15% discount on any overages	15% off provider's U&C (usual and customary)	Up to \$130, plus 15% discount on any overages	Up to \$150, plus 15% discount on any overages	Up to \$180, plus 15% discount on any overages
Laser Benefit					
One-time/lifetime allowance	N/A	N/A	\$200	\$200	\$200
Eyeglass Benefit – Spectacle Lenses					
Digital single vision (intermediate)	\$30	\$30	\$30	\$30	\$30
Scratch-resistant coating	Covered	\$15	Covered	Covered	Covered
Polycarbonate lenses (child/adult)	Covered	\$35	\$0 or \$30	\$0 or \$30	Covered
Standard anti-reflective (AR) coating	\$40	\$45	\$35	\$35	\$35
Standard progressive lenses	\$65	\$65	\$50	\$50	\$0
Out-of-Network Reimbursements					
Eye exam	\$55	\$55	\$45	\$45	\$55
Frame	\$50	N/A	\$64	\$74	\$88
Single vision lenses	\$40	N/A	\$40	\$40	\$40
Bifocal/progressive Lenses	\$60	N/A	\$60	\$60	\$60
Progressive lenses	N/A	N/A	N/A	N/A	\$38
The benefit information provided is a brief summary, not a comprehensive description of all benefits, limitations and or exclusions. For more information, call 1-800-999-5431 or refer to the plan information at davisvision.com.					

Learn more about Presbyterian's Nondiscrimination Notice and Interpreter Services - <https://www.phs.org/Pages/nondiscrimination.aspx>