

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

- Ability to purchase eyewear online from retailers including Glasses.com[™], 1-800 Contacts[®], Befitting, Warby Parker 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.
- Davis Vision's new Estimator tool for members: https://versanthealth.com/estimator

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.			
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 o	f allowance):		
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	N/A	\$55	\$55
Frame	N/A	\$50	N/A
Single vision lenses	N/A	\$40	N/A
Bifocal/progressive lenses	N/A	\$60	N/A
Progressive lenses	N/A		N/A
The benefit information provided is a and or exclusions. For more information			

^{*}Vision Basic is excluded for Clear Cost Plan members.