DavisVision™

PRESBYTERIAN Insurance Company, Inc.

davisvision.com | 1 (877) 923-2847, 9580

Presbyterian Insurance Company, Inc. your complete vision plan



Client code: 9580

Frequency

Exam: January 1
Lenses & lens upgrades: January 1
Frame: Every Other January 1
Contacts, evaluation & fitting: January 1

Sign up during open enrollment

For more details about the plan, visit davisvision.com/member and enter your Client Code or call 1 (877) 923-2847 and enter your Client Code when prompted.

Exams & Services

Eye Exam copay:
$10

Contacts evaluation, fitting & follow-up:

Conventional lens	Specialty lens
$15 copay	**$15 copay** **$60 allowance** **plus 15% Savings[2]**

Lenses

Lens copay:
$15

Frame

Allowance:

Other locations	Visionworks[1]
$150	**$200**

+Additional 20% **off** any overage.[2]

or

The Exclusive Collection copay:

Fashion	Designer	Premier
Covered in full	**Covered in full**	**$25**

Contacts[3] in lieu of glasses

(Requires contact lens evaluation and fitting)

Allowance:

Conventional	Visually Required[4]
$150	**Covered-in-full** **Prior approval required**

+Additional 15% **off** any overage.[2]

Using your client code

Log in using your client code (listed above) at davisvision.com/member to find a list of in-network providers near you and access your benefit information.

The Exclusive Collection

The Exclusive Collection of frames is available at nearly 9,000 locations across the U.S. Log in to browse frames, and find a Collection near you.

Free breakage warranty

Your glasses are covered with our FREE one-year breakage warranty. Some limitations apply.

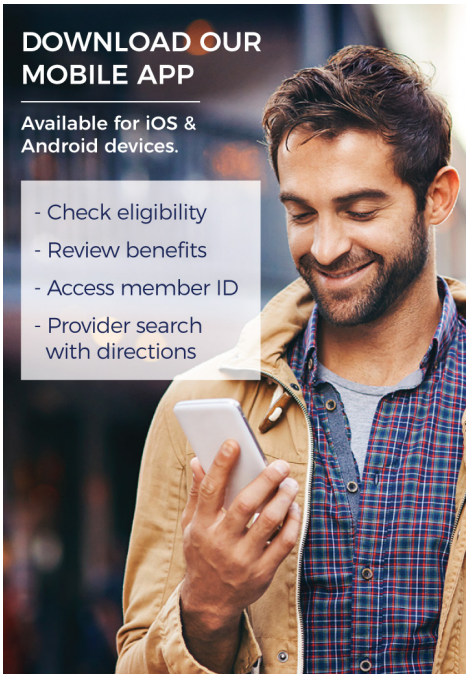
Find a network provider...

Enter your client code in the “Member Log In” section of our website at davisvision.com/member to locate a provider near you including Visionworks.

Options & upgrades

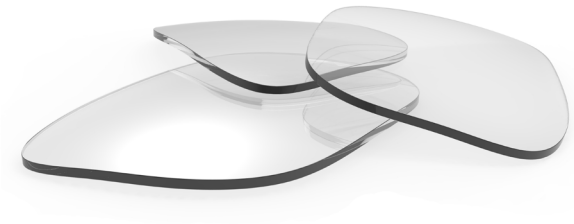
Lens options

Clear plastic single-vision, bifocal, trifocal or lenticular lenses (any RX)	$0
Polycarbonate Lenses (Children / Adults)	$0 or $30
High-Index Lenses 1.67	$55
High-Index Lenses 1.74	$120
Polarized Lenses	$75
Progressive Lenses (Standard / Premium / Ultra / Ultimate)	$50 / $90 / $140 / $175
Anti-Reflective (AR) Coating (Standard / Premium / Ultra / Ultimate)	$35 / $48 / $60 / $85
Ultraviolet Coating	$12
Tinting of Plastic Lenses (Solid / Gradient)	$0
Plastic Photochromic Lenses (Transitions® Signature™)	$65
Scratch-Resistant Coating	$0
Premium Scratch-Resistant Coating	$30
Scratch-Protection Plan (Single-Vision | Multifocal)	$20 | $40
Digital Single Vision Lenses	$30
Trivex Lenses	$50
Blue Light Filtering	$15



Additional savings

Retinal imaging (Member charge)	$39
Additional pairs of eyeglasses	30% discount[2]
Laser Vision Correction One-Time/Lifetime Allowance	$200



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.

Out-of-network reimbursement schedule (up to)	
Eye Examination: $45	Trifocal Lenses: $80
Frame: $64	Lenticular Lenses: $100
Single-Vision Lenses: $40	Elective Contact Lenses: $105
Bifocal / Progressive Lenses: $60	

1. Excludes Maui Jim eyewear. 2. Some limitations apply to additional discounts; discounts not applicable at all in-network providers. 3. Contact lens coverage varies by product selection. 4. Refer to your Presbyterian medical policy for coverage related to medical conditions Davis Vision has done its best to accurately reflect plan coverage herein. If differences exist between this document and the plan contract, the contract will prevail.

Presbyterian complies with civil rights laws and does not discriminate on the basis of protected status including but not limited to race, color, national origin, age, disability, or sexual orientation or gender expression. Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-855-592-7737 (TTY: 711) or speak to your provider.

ATENCIÓN: Si prefiere hablar español, tiene a su disposición servicios gratuitos de asistencia lingüística. Además, están disponibles de forma gratuita ayuda y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-855-592-7737 (TTY 711) o hable con su proveedor.

SHOOH: Diné bee yánílti'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hóló. Bee ahił hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'į' ahoot'i'ígíí éí t'áá jiik'eh hóló. Kohjį' 1-855-592-7737 (TTY:711) hodíilnih doodago nika'análwo'í bich'į' hanidziih.

For more information, visit www.phs.org/nondiscrimination.

This policy has limitations and/or exclusions. For costs and complete details of the coverage or for more information, please contact us Monday through Friday 8 a.m. to 5 p.m. at 1-866-869-7737 Option 4.