



Claims Administrator: Davis Vision

Website: davisvision.com | Phone: 1-800-999-5431

- Vision benefits are provided every calendar year for exams and glasses or contact lenses.
- You will receive a plan ID card, or you can use your Social Security number for member identification.

Summary of Vision Benefits

BENEFITS	IN-NETWORK COVERAGE	OUT-OF-NETWORK
Benefit Frequency (per member)	Benefits are provided once every calendar year for exams and either lenses and frames or contacts.	Benefits are provided once every calendar year for exams and either lenses and frames or contacts.
Eye Examination	Plan pays 100% after \$10 member copayment	Plan pays up to \$30

Frames

BENEFITS	IN-NETWORK COVERAGE	OUT-OF-NETWORK
Retail Frame Allowance (for frames outside the Davis Frame Collection)	Plan pays 100% up to \$180 at Visionworks locations or \$130 at non-Visionworks locations.	Plan pays up to \$30

Davis Frame Collection (in lieu of retail frame allowance)

BENEFITS	IN-NETWORK COVERAGE	OUT-OF-NETWORK
Fashion Collection	Plan pays 100%	No benefit available.
Designer Collection	Plan pays 100%	No benefit available.
Premier Collection	Plan pays 100% after \$25 copayment.	No benefit available.

Spectacle Lenses

BENEFITS	IN-NETWORK COVERAGE	OUT-OF-NETWORK
Single Vision	Plan pays 100% after \$25 copayment.	Plan pays up to \$25
Bifocal	Plan pays 100% after \$25 copayment.	Plan pays up to \$35
Trifocal	Plan pays 100% after \$25 copayment.	Plan pays up to \$45
Lenticular	Plan pays 100% after \$25 copayment.	Plan pays up to \$60

Specialty Lens Options

BENEFITS	IN-NETWORK COVERAGE	OUT-OF-NETWORK
Fashion and Gradient Tinting of Plastic Lenses, Oversized Lenses and Standard Scratch-Resistant Coating	Plan pays 100%	Member pays full cost for out-of-network lens options.
Other Specialty Lens Options	Member copayments vary. Refer to the Summary of Plan Description for benefit details and options.	Member pays full cost for out-of-network lens options.
Scratch Protection Plan Option	Member pays \$20 for single vision lens plan Member pays \$40 for multifocal lens plan	No benefit available.

Contact Lenses (in lieu of eyeglasses)

BENEFITS	IN-NETWORK COVERAGE	OUT-OF-NETWORK
Contact Lens Evaluation and Fitting	Plan pays 100% with in-network provider and purchase of Exclusive Collection lenses Member receives 15% discount on in-network exam if purchasing non-Davis Collection lenses.	No benefit available.
Contact Lens Material Allowance	For Davis Collection lenses: Plan pays 100% after \$25 copayment and member receives one pair of standard daily wear lenses or up to four boxes/ multipacks of disposable lenses or up to two boxes/multipacks of planned replacement lenses For non-Davis Collection lenses: Plan pays up to \$130 and member receives a 15% discount on charges above \$130	Plan reimburses up to \$75
Medically Necessary Contact Lenses	Plan pays 100%, with prior approval.	Plan pays up to \$225, with prior approval.

Retinal imaging is available at participating in-network providers. Member cost is \$39.

A laser vision discount is available by contacting the laser vision partner at 1-855-502-2020.

Refer to the Benefits Summary Plan Descriptions (available at [ERIEweb > Info Center > Benefits Info](#)) for details on in- and out-of-network benefits and exclusions.