

City of Medford your vision plan

Client code: 9471

Frequency

Exam: July 1 Lenses & lens upgrades: July 1 Frame: Every other July 1 Contacts, evaluation & fitting: July 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% savings²

15% savings²



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Contacts³

in lieu of glasses

Lens copay: \$25



Frame

Allowance:

Other locations

Visionworks1

\$130

\$180

+Additional 20% off any overage.2

The Exclusive Collection copay:

Fashion

Premier Covered in full

The Exclusive Collection of Contact Lenses:4

Allowance:

\$130

+Additional 15% off any overage.2

Covered in full

Covered in full

Designer

Covered in full

Find a network provider...

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

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.

∴⊚⊚∷ Options & upgrades

Lens options

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

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	\$500 (per eye)





Employee rates	Monthly	Annually
Employee	\$5.44	\$65.28
Employee + Family	\$12.86	\$154.32

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: \$90	Trifocal Lenses: \$115	
Frame: \$104	Lenticular Lenses: \$215	
Single-Vision Lenses: \$57	Elective Contact Lenses: \$104	
Bifocal / Progressive Lenses: \$92	Visually Required Contacts: \$240	

^{1.} Excludes Maul 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. Visually Required contacts are covered in full with prior approval. 4. The Davis Vision Exclusive Collection of Contact Lenses is available at participating providers. Evaluation, fitting and follow-up care for Collection contacts are covered in full. 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.