

Allegheny County Schools Health Insurance Consortium your vision plan

Client code: 4230

Frequency

Exam: 12 mos.
Lenses & lens upgrades: 12 mos.
Frame: 12 mos.
Contacts, evaluation & fitting: 12 mos.



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:
\$0

Contacts evaluation, fitting & follow-up:

Conventional lens	Specialty lens
\$0 copay	\$0 copay
Covered in full	Covered in full



Lenses

Lens copay:
\$0



Frame

Allowance:

Other locations	Visionworks ¹
\$100	\$150

or

The Exclusive Collection copay:

Fashion	Designer	Premier
Covered in full	\$20	\$40



Contacts³ in lieu of glasses

Allowance:

\$80 for disposable
\$110 for specialty and non-disposable

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 Sign In" section of our website at davisvision.com/member to locate a provider near you including Visionworks.



Copays for options & upgrades

Lens options

Clear plastic single-vision, bifocal, trifocal or

lenticular lenses (any RX)	\$0
Polycarbonate Lenses (Children / Adults)	\$0 or \$35
High-Index Lenses 1.67	\$60
High-Index Lenses 1.74	\$120
Polarized Lenses	\$75
Progressive Lenses (Standard / Premium / Ultra/ Ultimate)	\$0 / \$40 / \$90 / \$175
Anti-Reflective (AR) Coating (Standard / Premium / Ultra/ Ultimate)	\$40 / \$55 / \$69 / \$85
Ultraviolet Coating	\$15
Tinting of Plastic Lenses (Solid / Gradient)	\$15
Plastic Photochromic Lenses (Transitions® Signature™)	\$70
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

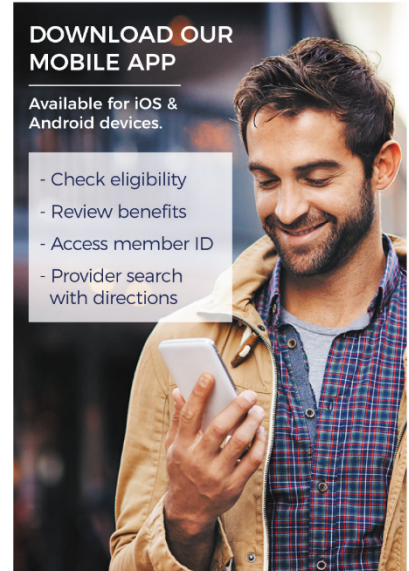
Additional savings

Retinal imaging (Member charge)	\$39
Additional pairs of eyeglasses	30% discount ²

DOWNLOAD OUR MOBILE APP

Available for iOS & Android devices.

- Check eligibility
- Review benefits
- Access member ID
- Provider search with directions



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: \$40	Trifocal Lenses: \$60
Frame: \$64	Lenticular Lenses: \$80
Single-Vision Lenses: \$30	Elective Contact Lenses: \$80
Bifocal / Progressive Lenses: \$40 / \$130	Evaluation/Fitting \$35
Dependents up to age 19 may receive:	Visually Required Contacts: \$225
Single Vision Polycarbonate: \$70	
Bifocal Polycarbonate: \$80	
Trifocal Polycarbonate: \$95	

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. Visually Required contacts are covered in full with prior approval. 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.