

Madison County School District your vision plan

Client code: 2188

Frequency

Exam: Every January 1

Lenses & Lens Upgrades: Every January 1

Frame: Every January 1

Contacts, Evaluation & Fitting: Every January 1

Please Note: Members are entitled to two pairs of eyeglasses, two pairs of contact lenses, or one of each in the same benefit cycle in network only. Non-plan allowances are per pair.



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 15% Savings¹

Specialty lens 15% Savings¹



(W) (W) Lenses

Lens copay:

\$25



Frame

Allowance:

\$175

+Additional 20% off any overage.1

The Exclusive Collection copay:

Covered in full

Designer Covered in full Covered in full

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Contacts² in lieu of glasses

Allowance:

\$175

+Additional 15% off any overage.1

The Exclusive Collection of Contact Lenses:3

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.

Ç⊚©∷ Options & upgrades

Lens options

Clear plastic single-vision, bifocal, trifocal or

DOWNLOAD OUR MOBILE APP Available for iOS & Android devices. - Check eligibility - Review benefits - Access member ID - Provider search with directions

Additional savings

Retinal imaging (Member charge)	.\$39
Additional pairs of eyeglasses	.30% discount1

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



Employee rates	Monthly	Annually
Employee	\$14.08	\$168.96
Employee + One	\$26.74	\$320.88
Employee + Family	\$23.74	\$284.88

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: \$80	
Frame: \$50	Lenticular Lenses: \$100	
Single-Vision Lenses: \$40	Elective Contact Lenses: \$105	
Bifocal / Progressive Lenses: \$60	Visually Required Contacts: \$225	

^{1.} Some limitations apply to additional discounts; discounts not applicable at all in-network providers. 2. Contact lens coverage varies by product selection. Visually Required contacts are covered in full with prior approval. 3. 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.