

# Nassau County your vision plan

Client code: 4205

## Frequency

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



## Sign up during open enrollment

For more details about the plan, visit [davisvision.com/member](https://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<sup>3</sup>**

Contacts evaluation, fitting & follow-up:

Collection lens

**\$0 copay**

**Covered in full**



Frame

Allowance:

**\$50**

+Additional 20% **off** any overage.

or

The Exclusive Collection copay:

Fashion **Covered in full**    Designer **Covered in full**    Premier **Covered in full**



Lenses

Lens copay:

**\$25<sup>3</sup>**



Contacts<sup>1</sup>  
in lieu of glasses

Allowance:

**\$60**

+Additional 15% **off** any overage.

or

The Exclusive Collection  
of Contact Lenses:<sup>2</sup>

**Covered in full**

## Using your client code

Log in using your client code (listed above) at [davisvision.com/member](https://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.

**Please Note: Members only are entitled to Safety eyeglasses, from the Designer Collection, in conjunction with their dress benefit. By utilizing the safety eyeglass benefit with the comprehensive dress eyewear plan, one eye examination will cover both requirements. No lens options are available on the Safety eyewear.**

[Find a network provider...](#)

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

**Lens options**

Clear plastic single-vision, bifocal, trifocal or lenticular lenses (any RX).....\$0

Polycarbonate Lenses (Children / Adults)..... \$0

High-Index Lenses 1.67..... \$55

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).....\$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

Digital Single Vision Lenses.....\$0

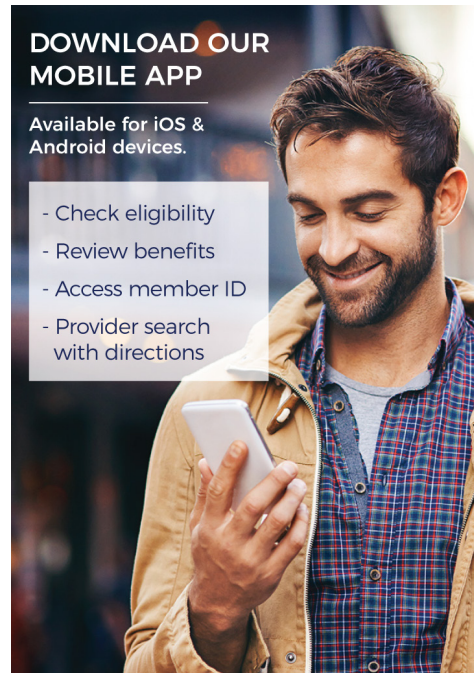
Trivex Lenses.....\$50

Blue Light Filtering.....\$15

**Additional savings**

Retinal imaging (Member charge).....\$39

Additional pairs of eyeglasses.....30% discount



**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: \$16	Trifocal Lenses: \$32
Frame: \$11	Multifocal Lenticular Lenses: \$35
Single-Vision Lenses: \$25	Lenticular Contact Lenses: \$80
Bifocal / Progressive Lenses: \$23	Elective Contact Lenses: \$60
	Visually Required Contacts: \$225

1. Contact lens coverage varies by product selection. Visually Required contacts are covered in full with prior approval. 2. The Davis Vision Exclusive Collection of Contact Lenses is available at participating providers. 3. Copay for Dress pair only. 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.