

# City of Providence your vision plan

Client code: 3920

## 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**

Contacts evaluation, fitting & follow-up:  
 Non-Collection lens  
**15% savings<sup>2</sup>**



### Lenses

Lens copay:  
**\$10**

### 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.



### Frame

#### Allowance:

Other locations	Visionworks <sup>1</sup>
<b>\$100</b>	<b>\$150</b>
	+ +

+Additional 20% off any overage.<sup>2</sup>



### Contacts<sup>3</sup> in lieu of glasses

#### Allowance:

**\$130**

+Additional 15% off any overage.<sup>2</sup>

### 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

All Davis Collection eyeglasses come with a breakage warranty for repair or replacement of the frame and/or lenses for a period of one year from the date of delivery. The one-year breakage warranty applies only to Davis Collection frames and lenses installed in them. Warranty does not apply to non-Collection frames.

### 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 or \$35

High-Index Lenses 1.67..... \$60

High-Index Lenses 1.74.....\$120

Polarized Lenses..... \$75

Progressive Lenses (Standard / Premium / Ultra/ Ultimate)..... \$65 / \$105 / \$140 / \$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

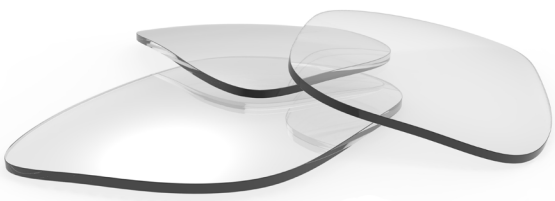
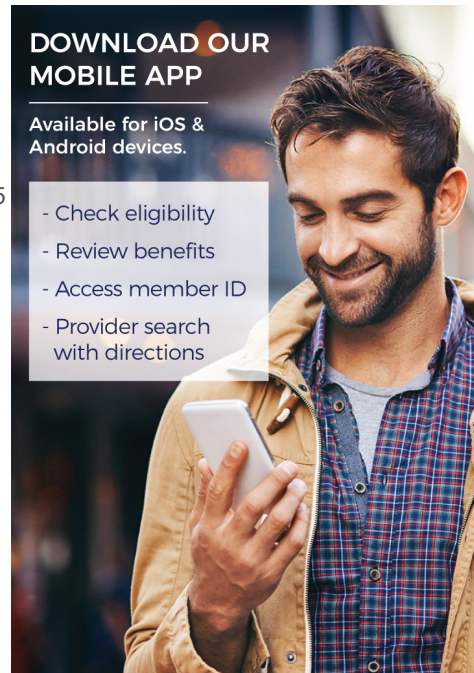
Trivex Lenses.....\$50

Blue Light Filtering.....\$15

**Additional savings**

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

Additional pairs of eyeglasses......30% discount<sup>2</sup>



Employee rates	Monthly	Annually
Employee	\$4.98	\$59.76
Employee + One	\$9.45	\$113.40
Employee + Family	\$14.54	\$174.48

**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: \$80
Bifocal / Progressive Lenses: \$60	Visually Required Contacts: \$225

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.