



Welcome to Davis Vision!

We are pleased to provide you with information on your vision benefit to help you care for your vision and eye health – a key part of overall health and wellness!

If you are not currently enrolled, please visit our member site at davisvision.com or call 1.877.923.2847 and enter client code 2213 to locate providers or for additional information. Á

Using your benefits is easy! Just log on to our Member site at davisvision.com and click “Find a Provider,” or call us at 1.800.999.5431.

Make an appointment. Tell your provider you are a Davis Vision member with coverage through Morgan White Group. Provide your member ID number, name and date of birth, and do the same for your covered dependents seeking vision services. Your provider will take care of the rest!



Hybrid Affinity In-Network Benefits

In-Network Benefits	Member Price ^{1,3}
Eye Examinations	
Eye exam with dilation (when professionally indicated). Once every year.	Covered in full, after \$15 copay.
Frames	
Priced up to \$70 Retail	\$40
Priced above \$70 Retail	\$40 plus 10% off balance over \$70
Spectacle Lenses	
Single Vision Bifocal Trifocal Lenticular	\$35 \$55 \$65 \$110
Lens Options (Add to spectacle lens prices above)	
Glass Lenses	\$18
Tinting of Plastic Lenses: Solid Tint Gradient Tint	\$10 \$12
Scratch-Resistant Coating	\$20
Ultraviolet Coating	\$15
Standard Anti-Reflective Coating	\$45
Polycarbonate Lenses	\$30
High-Index Lenses	\$55
Progressive Lenses: Standard Premium	\$75 \$125
Polarized Lenses	\$75
Photosensitive Lenses Glass Plastic	\$35 \$65
Intermediate-Vision Lenses	\$30
Blended Invisible Bifocals	\$20
Contact Lenses	
Contact Lens Evaluation	15% off provider's Usual & Customary
Conventional Contacts	20% off provider's Usual & Customary
Disposable / Planned Replacement	10% off provider's Usual & Customary
Other Products/Services	
Laser Vision Care Services	Up to 25% off provider's Usual & Customary ²
Non-Prescription Sunglasses	20% off provider's Usual & Customary
Out-of-Network Benefits	
Eye exam fee reimbursement	Up to \$34

Please note: May not be combined with other discounts or offers.

^{1/} Special lens designs, materials, powers and frames may require additional cost.

^{2/} Or receive an additional 5% discount on any advertised specials—whichever is lower.

^{3/} At Walmart or Sam's Club, members will receive their Everyday Low Prices on eye examination, frame and contact lens purchases. Additional discounts are not applicable.



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Designer Plan !'6 Ug]WBenefits



Benefit	Frequency Once every -	In-network Copay	In-network Coverage
Eye Examination	12 months	\$15	Covered in full. <i>Includes dilation when professionally indicated.</i>
Spectacle Lenses	12 months	\$25	Clear plastic lenses in any single vision, bifocal, trifocal or lenticular prescription. (See below for additional lens options and coatings.)
Frame	24 months	\$0	Covered in Full Frames: Any Fashion or Designer level frame from Davis Vision's Collection ² (retail value, up to \$175). OR, Frame Allowance: \$130 toward any frame from provider plus 20% off any balance. ¹ No copay required.
Contact Lens Evaluation, Fitting & Follow Up Care	12 months	\$0	Davis Vision Collection Contacts: Covered in full. Standard, Soft Contacts: 15% discount ¹ Specialty Contacts³: 15% discount ¹
Contact Lenses (in lieu of eyeglasses)	12 months	\$0	Covered in Full Contacts: From Davis Vision's Collection ² , up to: Planned Replacement Two boxes/multi-packs Disposable Four boxes/multi-packs OR, Contact Lens Allowance: \$130 allowance toward any contacts from provider's supply plus 15% off balance. ¹ No copay required. OR, Medically Necessary Contacts: Covered in full with prior approval.

Significant savings on optional frames, lens types and coatings!

	Member Price
Davis Vision Collection Frames: Fashion Designer Premier	\$0 \$0 \$25
Tinting of Plastic Lenses	\$0
Oversize Lenses	\$0
Scratch-Resistant Coating	\$0
Ultraviolet Coating	\$12
Anti-Reflective Coating: Standard Premium Ultra	\$35 \$48 \$60
Polycarbonate Lenses	\$0 ⁴ -\$30
High-Index Lenses	\$55
Progressive Lenses: Standard Premium	\$50 \$90
Polarized Lenses	\$75
Photosensitive Lenses: Plastic Glass	\$65 \$20
Intermediate-Vision Lenses	\$30
Blended Segment Lenses	\$20
Scratch Protection Plan: Single Vision Multifocal Lenses	\$20 \$40

¹ Additional discounts not applicable at Walmart or Sam's Club locations
² The Davis Vision Collection is available at most participating independent provider locations.
³ Including, but not limited to toric, multifocal and gas permeable contact lenses.
⁴ For dependent children, monocular patients and patients with prescriptions of +/- 6.00 diopters or greater.

Please note: Your provider reserves the right to not dispense materials until all applicable member costs, fees and copayments have been collected. Contact lenses: Routine eye examinations do not include professional services for contact lens evaluations. Any applicable fees above the evaluation and fitting allowance are the responsibility of the member. If contact lenses are selected and fitted, they may not be exchanged for eyeglasses. Progressive lenses: If you are unable to adapt to progressive addition lenses you have purchased, conventional bifocals will be supplied at no additional cost; however, your copayment is nonrefundable. May not be combined with other discounts or offers. Please be advised these lens options and copayments apply to in-network benefits.



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Designer Plan! 7`Ugg]WBenefits



Benefit	Frequency Once every -	In-network Copay	In-network Coverage
Eye Examination	12 months	\$15	Covered in full. <i>Includes dilation when professionally indicated.</i>
Spectacle Lenses	12 months	\$25	Clear plastic lenses in any single vision, bifocal, trifocal or lenticular prescription. (See below for additional lens options and coatings.)
Frame	12 months	\$0	Covered in Full Frames: Any Fashion or Designer level frame from Davis Vision's Collection ² (retail value, up to \$175). OR, Frame Allowance: \$130 toward any frame from provider plus 20% off any balance. ¹ No copay required.
Contact Lens Evaluation, Fitting & Follow Up Care	12 months	\$25	Davis Vision Collection Contacts: After copay, covered in full. Standard, Soft Contacts: After copay, covered in full. Specialty Contacts³: \$60 allowance less copay plus 15% off balance ¹ .
Contact Lenses (in lieu of eyeglasses)	12 months	\$0	Covered in Full Contacts: From Davis Vision's Collection ² , up to: Planned Replacement Two boxes/multi-packs Disposable Four boxes/multi-packs OR, Contact Lens Allowance: \$130 allowance toward any contacts from provider's supply plus 15% off balance. ¹ No copay required. OR, Medically Necessary Contacts: Covered in full with prior approval.

Significant savings on optional frames, lens types and coatings!

	Member Price
Davis Vision Collection Frames: Fashion Designer Premier	\$0 \$0 \$25
Tinting of Plastic Lenses	\$0
Oversize Lenses	\$0
Scratch-Resistant Coating	\$0
Ultraviolet Coating	\$12
Anti-Reflective Coating: Standard Premium Ultra	\$35 \$48 \$60
Polycarbonate Lenses	\$0 ⁴ -\$30
High-Index Lenses	\$55
Progressive Lenses: Standard Premium	\$50 \$90
Polarized Lenses	\$75
Photosensitive Lenses: Plastic Glass	\$65 \$20
Intermediate-Vision Lenses	\$30
Blended Segment Lenses	\$20
Scratch Protection Plan: Single Vision Multifocal Lenses	\$20 \$40

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² The Davis Vision Collection is available at most participating independent provider locations.
³ Including, but not limited to toric, multifocal and gas permeable contact lenses.
⁴ For dependent children, monocular patients and patients with prescriptions of +/- 6.00 diopters or greater.

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Designer Plan ! 'DfYa]yf 'Benefits



Benefit	Frequency Once every -	In-network Copay	In-network Coverage
Eye Examination	12 months	\$10	Covered in full. <i>Includes dilation when professionally indicated.</i>
Spectacle Lenses	12 months	\$20	Clear plastic lenses in any single vision, bifocal, trifocal or lenticular prescription. (See below for additional lens options and coatings.)
Frame	12 months	\$0	<p>Covered in Full Frames: Any Fashion or Designer level frame from Davis Vision's Collection² (retail value, up to \$175).</p> <p>OR, Frame Allowance: \$130 toward any frame from provider plus 20% off any balance.¹ No copay required.</p>
Contact Lens Evaluation, Fitting & Follow Up Care	12 months	\$20	<p>Davis Vision Collection Contacts: After copay, covered in full.</p> <p>Standard, Soft Contacts: After copay, covered in full.</p> <p>Specialty Contacts³: \$60 allowance less copay plus 15% off balance¹.</p>
Contact Lenses (in lieu of eyeglasses)	12 months	\$0	<p>Covered in Full Contacts: From Davis Vision's Collection², up to: Planned Replacement Two boxes/multi-packs Disposable Four boxes/multi-packs</p> <p>OR, Contact Lens Allowance: \$130 allowance toward any contacts from provider's supply plus 15% off balance.¹ No copay required.</p> <p>OR, Medically Necessary Contacts: Covered in full with prior approval.</p>

Significant savings on optional frames, lens types and coatings!

Member Price

Davis Vision Collection Frames: Fashion Designer Premier	\$0 \$0 \$25
Tinting of Plastic Lenses	\$0
Oversize Lenses	\$0
Scratch-Resistant Coating	\$0
Ultraviolet Coating	\$12
Anti-Reflective Coating: Standard Premium Ultra	\$35 \$48 \$60
Polycarbonate Lenses	\$0 ⁴ -\$30
High-Index Lenses	\$55
Progressive Lenses: Standard Premium	\$50 \$90
Polarized Lenses	\$75
Photosensitive Lenses: Plastic Glass	\$65 \$20
Intermediate-Vision Lenses	\$30
Blended Segment Lenses	\$20
Scratch Protection Plan: Single Vision Multifocal Lenses	\$20 \$40

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