

## PREMIER PRO PLAN

*One-year eyeglass breakage warranty included*

Below benefits **DO NOT** apply to the NJ Educators Health Plan and Garden State Plan which has vision exam coverage only.

### In-Network Benefits

Frequency – Once Every:	
Eye Examination inclusive of dilation (when professionally indicated)	12 months
Spectacle Lenses	12 months
Frame	12 months
Contact Lens Evaluation, Fitting & Follow-Up Care (in lieu of eyeglasses)	12 months
Contact Lenses (in lieu of eyeglasses)	12 months
Copayments	
Eye Examination	\$0
Spectacle Lenses	\$0
Eyeglass Benefit – Frame	
Frame Allowance (Retail):	Up to \$150 (plus a 20% discount on any overage)
Additional Visionworks Frames Option	Up to \$200* (plus a 20% discount on any overage) at Visionworks locations nationwide <sup>1</sup>
Davis Vision Frame Collection <sup>2</sup> (in lieu of Allowance):	
Fashion level	Covered
Designer level	Covered
Premier level	Covered
Eyeglass Benefit - Spectacle Lenses	
Member Charges	
Clear plastic single-vision, lined bifocal, trifocal or lenticular lenses (any size or Rx)	Covered
Oversize Lenses	Covered
Tinting of Plastic Lenses	Covered
Polycarbonate Lenses (Children <sup>3</sup> / Adults)	Covered
Anti-Reflective (AR) Coating (Standard / Premium / Ultra)	\$35/\$48/\$60
Progressive Lenses (Standard / Premium/ Ultra)	\$0/\$40/\$90

Intermediate Vision Lenses	Covered
High-Index Lenses	\$55
Polarized Lenses	\$75
Plastic Photochromic Lenses	\$65
Scratch Protection Plan: Single Vision / Multifocal Lenses	\$20/\$40
<b>Contact Lens Benefit (in lieu of eyeglasses)</b>	
Contact Lens: Materials Allowance	Up to \$150 Plus a 15% discount on any overage <sup>1</sup>
<ul style="list-style-type: none"> <li>■ Evaluation, Fitting &amp; Follow-Up Care – Standard &amp; Specialty Lens Types</li> </ul>	Up to \$60 allowance Plus a 15% discount on any overage <sup>1</sup>
<b>Collection Contact Lenses<sup>2</sup> (in lieu of Allowance): Materials</b>	
<ul style="list-style-type: none"> <li>■ Disposable</li> </ul>	8 boxes/multi-packs
<ul style="list-style-type: none"> <li>■ Planned Replacement</li> </ul>	4 boxes/multi-packs
<ul style="list-style-type: none"> <li>■ Evaluation, Fitting &amp; Follow-Up Care</li> </ul>	Covered
<b>Visually Required Contact Lenses (with prior approval)</b>	
<ul style="list-style-type: none"> <li>■ Materials, Evaluation, Fitting &amp; Follow-Up Care</li> </ul>	Covered

### Out-of-Network Reimbursement Schedule: up to

Eye Examination: \$40	Frame: \$50	Single Vision Lenses: \$40	Bifocal/Progressive Lenses: \$60
Trifocal Lenses: \$80	Lenticular Lenses: \$100	Elective Contact Lenses: \$105	Visually Required CL: \$225

[www.davisvision.com](http://www.davisvision.com)

1-800-999-5431

#### Nondiscrimination Notice and Language Access Services

This plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on your ID card (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que aparece en su tarjeta de identificación (TTY: 711).

注意：如果您使用简体中文，您可以免费获得语言协助服务。请致电您ID卡上的电话号码。

\*An affiliate of Independence Administrators has a financial interest in Visionworks.

<sup>1</sup>Additional discounts not applicable at Walmart or Sam's Club locations.

<sup>2</sup>Collection is available at most participating independent provider offices. Collection is subject to change.

<sup>3</sup>Polycarbonate lenses are covered for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.

© 2017 AmeriHealth Administrators, Inc.

Davis Vision Premier Pro Plan 2017-11

