



SECTION I - PATIENT SECTION	
Employee	_____
Patient Name:	_____
Employee ID No.:	_____
Authorization No.:	_____
Authorization Date:	_____

SECTION II - COVERAGE SECTION	
Plan Level: Premier	Prefix: 2GC, 2G0, 2G1, 2GZ
Copayments:	
Eye examination****	\$10
Frame**	\$0
Spectacle Lenses	\$15
Contact Lenses	
Evaluation/fitting	\$0
Evaluation/fitting with provider supplied	15% discount
Premium Collection lenses - Plan 1	\$0
- 4 multi-packs* plan supplied Daily Disposable lenses, Disposable lenses, or Disposable Specialty lenses	
- 2 multi-packs* plan supplied Planned Replacement lenses	
Plan Description:	
An eye examination (including dilation), spectacle lenses and a frame or contact lenses in lieu of eyeglasses. Visually required contact lenses may be provided with prior approval.	

SECTION III - ALLOWANCE SECTION		
Frame	Contact Lens Material	Visually Required Contact Lens Material
\$100 plus 20% discount on overage	\$110 plus 15% discount off overage	Paid in full (prior approval required)

SECTION IV - OPTIONS SECTION		
Patient charges for selected options. Additional dispense will be paid by Davis Vision.		
Option	Patient Charge	Additional Dispense
Ultraviolet Coating	\$12	\$ 6
Scratch-Resistant Coating	Included	N/A
Premium Scratch Resistant Coating	\$30	\$5
Scratch Protection Plan Single Vision	\$20	\$10
Scratch Protection Plan Multifocal	\$40	\$10
Photochromic Lenses	\$20	\$10
Digital Single Vision Lenses	\$30	\$10
Standard Progressive Addition Multifocals	\$50	\$30
Select Progressive Addition Multifocals	\$70	\$30
Premium Progressive Addition Multifocals	\$90	\$30
Ultra Progressive Addition Multifocals	\$140	\$55
Ultimate Progressive Addition Multifocals	\$175	\$60
Polycarbonate Lenses***	\$30	\$20
Standard ARC (anti-reflective coating)	\$35	\$ 7
Premium ARC (anti-reflective coating)	\$48	\$ 7
Ultra ARC (anti-reflective coating)	\$60	\$10
Ultimate ARC (anti-reflective coating)	\$85	\$17
Polarized Lenses	\$75	\$25
High Index Lenses 1.67	\$55	\$25
High Index Lenses 1.74	\$120	\$40
Trivex Lenses	\$50	\$20
Blue Light Filtering	\$15	\$ 7
Tinted Lenses	Included	N/A
Mirror Coat	\$86	\$56
Edge Polish	\$22	\$14
High Luster Edge Polish	\$70	\$63
Roll & Polish	\$16	\$ 6
Roll Edge	\$24	\$14
Rimless Drill	\$66	\$49
Slab Off	\$186	\$76
Specialty Lens (myodisc, lenticular grind, double sided grind)	\$206	\$170
Plastic Photosensitive Lenses	\$65	\$25

PLEASE NOTE:

- Authorization is valid for 21 days. If expired, call **1-800-773-2847** prior to rendering services.
- Tennessee state law stipulates that it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

* Number of contact lens boxes may vary based on manufacturer's packaging.

** For included Fashion, Designer or Premier level frames, a \$10 additional dispense will apply.

***No copayment/additional dispense for dependent children, monocular patients and patients with Rx +/-6.00 or greater.

****A refraction only exam is available in lieu of the full comprehensive exam.

You have specific ERISA appeals rights regarding your vision care benefits. These rights may be obtained in detail by contacting Davis Vision at 1-800-999-5431 or writing to:

Quality Assurance Department
P. O. Box 1525 - Latham, NY 12110
Appeals must be made within 180 days of the date of service.