

2026 Vision Plan Benefits

Employee Cost	
Members/Coverage	Monthly Rate
Employee Only	\$7.74
Employee + Spouse	\$13.19
Employee + Child(ren)	\$13.88
Employee + Family	\$20.40
In-Network Benefits (Network Available at www.davisvision.com)	
Service Type	Frequency
Eye Examinations with Dilation (as necessary)	Once Every 12 months
Spectacle Lenses	Once Every 12 months
Frame	Once Every 12 months
Contact Lens (In lieu of eyeglasses)	Once Every 12 months
In Network	
Eye Examination	\$10
Retinal Imaging	\$39
Spectacle Lenses	\$10
Non-elective (visually required) Contact Lens Evaluation, Fitting & Follow-Up Care	\$0
Eyeglass Benefit - Frame	
Frame Allowance (Retail)	Up to \$130 Up to \$180 at VisionWorks
Additional Pairs	30% discount on additional pairs at select retailers
Davis Vision Frame Collection (in Lieu of Allowance)	Member Co-Pays
Fashion level/Designer level/Premier level	\$0 / \$0 / \$25
Eyeglass Benefits - Spectacle Lenses	Member Co-Pays
Clear plastic lenses in any RX (Single Vision, Bifocal, Trifocal, Lenticular)	\$0
(Single Vision, Bifocal, Trifocal, Lenticular)	
Tinting of Plastic Lenses	\$0
Scratch Resistant Coating	\$0
Polycarbonate Lenses (Children/Adults)	\$0/\$30
Digital Single Vision (Intermediate)	\$30
Ultraviolet Coating	\$12
Blue Light Filtering	\$15
Anti-Reflective (AR) Coating (Standard/Premier/Ultra/Ulimate)	\$35/\$48/\$60/\$85
Progressive Lenses (Standard/Premier/Ultra/Ulimate)	\$50/\$90/\$140/\$175
High Index Lenses	\$55
Polarized Lenses	\$75
Plastic Photochromic Lenses	\$65
Scratch Protection Plan: Single Vision/Multifocal Lenses	\$20/\$40
Contact Lens Benefit (in lieu of eyeglasses)	
Contact Lens Material Allowance Plus a 15% discount on any overage	Up to \$130 plus 15% discount
Collection Contact Lenses Benefit (in Lieu of Contact Lens Material Allowance)	
Materials Disposable: up to	4 boxes/multi-packs
Planned Replacement: up to	2 boxes/multi-packs
Evaluation, Fitting & Follow Up Care	\$0
Out-of-Network Reimbursement Allowance Schedule:	
Eye Examination	Up to \$ 40
Frame	Up to \$ 50
Lenses - Single Vision	Up to \$ 40
Lenses - Bifocal/Progressive	Up to \$ 60
Lenses - Trifocal	Up to \$ 80
Lenses - Lenticular	Up to \$100
Elective Contact Lenses	Up to \$105
Visually Required Contact Lenses	Up to \$225