

## Galena Park Independent School District

# your vision plan

Client code: 2507

### Frequency

Exam: September 1 Lenses & lens upgrades: September 1 Frame: September 1 Contacts, evaluation & fitting: September 1



# Sign up during open enrollment

For more details about the plan, visit davisvision.com/member and enter your Client Code or call 1 (877) 923-2847 and enter your Client Code when prompted.



#### Find a network provider...

Enter your client code in the "Member Sign In" section of our website at davisvision.com/member to locate a provider near you including Visionworks.

Your glasses are covered with our FREE one-year breakage warranty. Some limitations apply.

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#### Lens options

Clear plastic single-vision, bifocal, trifocal or	
lenticular lenses (any RX)	\$0
Polycarbonate Lenses (Children / Adults)	\$0 or \$30
High-Index Lenses 1.67	
High-Index Lenses 1.74	\$120
Polarized Lenses	
Progressive Lenses (Standard / Premium / Ultra / Ultimate)	\$50 / \$90 / \$140 / \$175
Anti-Reflective (AR) Coating (Standard / Premium / Ultra / Ultimate)	
Ultraviolet Coating	
Tinting of Plastic Lenses (Solid / Gradient)	
Plastic Photochromic Lenses (Transitions® Signature™)	\$65
Scratch-Resistant Coating	\$0
Premium Scratch-Resistant Coating	\$30
Scratch-Protection Plan (Single-Vision   Multifocal)	
Digital Single Vision Lenses	
Trivex Lenses	
Blue Light Filtering	\$15



## Additional savings

Retinal imaging (Member charge)	\$39
Additional pairs of eyeglasses	.30% discount <sup>2</sup>



Employee rates	Semi-Monthly
Employee	\$3.25
Employee + Spouse	\$5.85
Employee + Child(ren)	\$6.17
Employee + Family	\$9.75

#### **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: \$105
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. 4. The Davis Vision Exclusive Collection of Contact Lenses is available at participating providers. Evaluation, fitting and follow-up care for Collection contacts are covered in full. 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.