

Allegheny County Schools Health Insurance Consortium  
your vision plan

Client code: 4230

**Frequency**

Exam: 12 mos.  
Lenses & lens upgrades: 12 mos.  
Frame: 12 mos.  
Contacts, evaluation & fitting: 12 mos.



**Sign up during open enrollment** For more details about the plan, visit [davisvision.com/member](https://davisvision.com/member) and enter your Client Code or call 1 (877) 923-2847 and enter your Client Code when prompted.



**Exams & Services**

Eye Exam copay:  
**\$0**

Contacts evaluation, fitting & follow-up:

Conventional lens <b>\$0 copay</b> Covered in full	Specialty lens <b>\$0 copay</b> Covered in full
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**Lenses**

Lens copay:  
**\$0**

**Using your client code**

Log in using your client code (listed above) at [davisvision.com/member](https://davisvision.com/member) to find a list of in-network providers near you and access your benefit information.



**Frame**

Allowance:

Other locations <b>\$100</b>	or	Visionworks <sup>1</sup> <b>\$150</b>
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The Exclusive Collection copay:

Fashion Covered in full	Designer <b>\$20</b>	Premier <b>\$40</b>
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**Contacts<sup>3</sup>**  
in lieu of glasses

Allowance:

**\$80 for disposable**  
**\$110 for specialty and non-disposable**

**The Exclusive Collection**

The Exclusive Collection of frames is available at nearly 9,000 locations across the U.S. Log in to browse frames, and find a Collection near you.

**Find a network provider...**

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

**Free breakage warranty**

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



## Copays for options & upgrades

### Lens options

Clear plastic single-vision, bifocal, trifocal or

lenticular lenses (any RX)	\$0
Polycarbonate Lenses (Children / Adults)	\$0 or \$35
High-Index Lenses 1.67	\$60
High-Index Lenses 1.74	\$120
Polarized Lenses	\$75
Progressive Lenses (Standard / Premium / Ultra/ Ultimate)	\$0 / \$40 / \$90 / \$175
Anti-Reflective (AR) Coating (Standard / Premium / Ultra/ Ultimate)	\$40 / \$55 / \$69 / \$85
Ultraviolet Coating	\$15
Tinting of Plastic Lenses (Solid / Gradient)	\$15
Plastic Photochromic Lenses (Transitions® Signature™)	\$70
Scratch-Resistant Coating	\$0
Premium Scratch-Resistant Coating	\$30
Scratch-Protection Plan (Single-Vision   Multifocal)	\$20   \$40
Digital Single Vision Lenses	\$30
Trivex Lenses	\$50
Blue Light Filtering	\$15

### Additional savings

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

### DOWNLOAD OUR MOBILE APP

Available for iOS & Android devices.

- Check eligibility
- Review benefits
- Access member ID
- Provider search with directions



### 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: \$60
Frame: \$64	Lenticular Lenses: \$80
Single-Vision Lenses: \$30	Elective Contact Lenses: \$80
Bifocal / Progressive Lenses: \$40 / \$130	Evaluation/Fitting \$35
Dependents up to age 19 may receive:	Visually Required Contacts: \$225
Single Vision Polycarbonate: \$70	
Bifocal Polycarbonate: \$80	
Trifocal Polycarbonate: \$95	

<sup>1</sup> Excludes Maui Jim® eyewear. <sup>2</sup> Some limitations apply to additional discounts, discounts not applicable at all in-network providers. <sup>3</sup> Contact lens coverage varies by product selection. Visually Required contacts are covered in full with prior approval. 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.