DavisVision™

davisvision.com | 1 (877) 923-2847, 9471

City of Medford your vision plan

Client code: 9471

Frequency

Exam: July 1
Lenses & lens upgrades: July 1
Frame: Every other July 1
Contacts, evaluation & fitting: July 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.

Exams & Services

Eye Exam copay:
$10

Contacts evaluation, fitting & follow-up:

Conventional lens	Specialty lens
15% savings[2]	**15% savings[2]**

Lenses

Lens copay:
$25

Frame

Allowance:

Other locations	Visionworks[1]
$130	**$180**

+Additional 20% **off** any overage.[2]

or

The Exclusive Collection copay:

Fashion	Designer	Premier
Covered in full	**Covered in full**	**Covered in full**

Contacts[3] in lieu of glasses

Allowance:

$130

+Additional 15% **off** any overage.[2]

or

The Exclusive Collection of Contact Lenses:[4]

Covered in full

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.

Using your client code

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

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.

Free breakage warranty

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

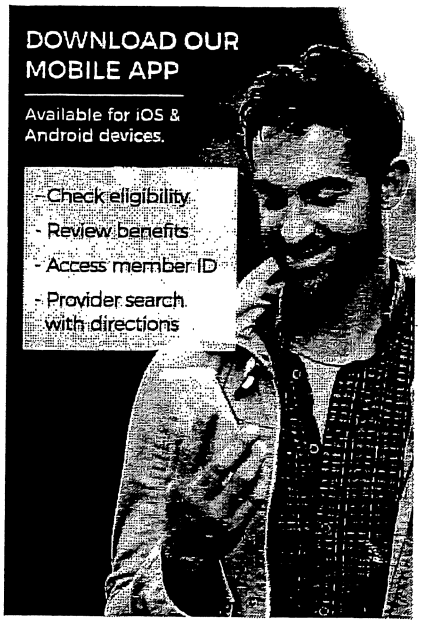
Options & upgrades

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	$55
High-Index Lenses 1.74	$120
Polarized Lenses	$75
Progressive Lenses (Standard / Premium / Ultra / Ultimate)	$50 / $90 / $140 / $175
Anti-Reflective (AR) Coating (Standard / Premium / Ultra / Ultimate)	$35 / $48 / $60 / $85
Ultraviolet Coating	$12
Tinting of Plastic Lenses (Solid / Gradient)	$0
Plastic Photochromic Lenses (Transitions® Signature™)	$65
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[2]
Laser Vision Correction One-Time/Lifetime Allowance	$500 (per eye)



Employee rates	Monthly	Annually
Employee	$5.44	$65.28
Employee + Family	$12.86	$154.32

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: $90	Trifocal Lenses: $115
Frame: $104	Lenticular Lenses: $215
Single-Vision Lenses: $57	Elective Contact Lenses: $104
Bifocal / Progressive Lenses: $92	Visually Required Contacts: $240

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.

2022/2023 Dental and Vision Rates

Dental

	Employee Cost	
Base Plan	Weekly	Monthly
Employee	$5.53	$22.13
Employee + Spouse	$10.40	$41.58
Family	$14.50	$57.99
High Plan		
Employee	$6.32	$25.29
Employee + Spouse	$11.88	$47.53
Family	$16.57	$66.29

Vision

DAV IND	$1.37	$5.44
DAVFAM	$3.22	$12.86

Davis Vision Enrollment Application

DavisVision™

Employee (Member) Information (Please Print)

Employer/Group Name	Reason for Application: ☐ Addition ☐ Change ☐ Reinstate ☐ COBRA ☐ Termination
Employee (Member) First Name/Middle Initial/Last Name	
Mailing Address / City / State / Zip Code	
Employee (Member) Identification Number / Effective Date (Month, Day, Year) / Employee Status ☐ Active ☐ Hourly ☐ Salary ☐ Retired (Date)	
Employee Phone Number / Employee Hire Date (Month, Day, Year)	

Check Type of Coverage:

Employee Only	☐
Employee and Spouse or Domestic Partner	☐
Family	☐
Employee and Child	☐
Employee and Children	☐

To be completed by Account Administrator or Human Resources representative only:

Group Number

Payroll Code

Branch Code

Please indicate the change(s) that you need to make to your record:

☐ Change of Name ☐ Change Birthdate ☐ Change of Address ☐ Change Effective Date ☐ Change of Phone

☐ Change Report Code — Existing / New

☐ Change in Group — Number Existing / New

☐ Change Enrollment Status to: ☐ Employee Only ☐ Employee/Children ☐ Employee and Spouse/Domestic Partner ☐ Employee and Child ☐ Family

Complete (if applicable)	First Name/Middle Initial/Last Name	Social Security Number	Change	Effective Date of Change MM	DD	YY	Sex F/M	Check if Student Over 19	Disabled	Birth Date* MM	DD	YY
☐ Self			☐ Add ☐ Term					☐	☐			
☐ Spouse ☐ Dom. Part.			☐ Add ☐ Term					☐	☐			
☐ Child ☐ Other			☐ Add ☐ Term					☐	☐			
☐ Child ☐ Other			☐ Add ☐ Term					☐	☐			
☐ Child ☐ Other			☐ Add ☐ Term					☐	☐			
☐ Child ☐ Other			☐ Add ☐ Term					☐	☐			
☐ Child ☐ Other			☐ Add ☐ Term					☐	☐			
☐ Child ☐ Other			☐ Add ☐ Term					☐	☐			

"I certify that this enrollment information is true and correct."

* Required for all members/dependents

Type Name Of Member/Employee Completing Form Date

MS00109