

The Commonwealth of Massachusetts/NAGE Health and Welfare Trust Fund



Welcome to Davis Vision!

We are pleased to provide you with information on your vision benefit to help you care for your vision and eye health - a key part of overall health and wellness!

If you are not currently enrolled, please visit our member site at davisvision.com or call 1.877.923.2847 to locate providers or for additional information.

Using your benefits is easy! Just log on to our Member site at davisvision.com and click "Find a Provider," or call us at 1.800.999.5431.

Make an appointment. Tell your provider you are a Davis Vision member with coverage through The Commonwealth of Massachusetts/NAGE Health and Welfare Trust Fund. Provide your member ID number, name and date of birth, and do the same for your covered dependents seeking vision services. Your provider will take care of the rest!

100% OF YOUR CALLS & CLAIMS ARE PROUDLY ADMINISTERED IN THE USA
★★★

Your Davis Vision Designer Plan Benefits

Closed Plan Benefits			
You and your covered dependents are entitled to an eye exam and one of the following combinations:			
<ul style="list-style-type: none"> Two (2) pairs of single vision eyeglasses. One (1) pair of multifocal eyeglasses (bifocal, trifocal, or cataract). 		<ul style="list-style-type: none"> Two (2) dispenses of contact lenses in lieu of eyeglasses. One (1) pair of eyeglasses (single vision, bifocal, or trifocal,) and one (1) dispense of Contact lenses. 	
Open Plan Benefits	Frequency Once every -	In-network Copay	In-network Coverage
Eye Examination	18 months (over age 19) 12 months (under age 19)	\$0	Covered in full. <i>Includes dilation when professionally indicated.</i>
Spectacle Lenses	18 months (over age 19) 12 months (under age 19)	\$0	Clear plastic lenses in any single vision, bifocal, trifocal or lenticular prescription. Covered in full. (See below for additional lens options and coatings.)
Frame	18 months (over age 19) 12 months (under age 19)	\$0	Covered in Full Frames: Any Fashion or Designer level frame from Davis Vision's Collection ¹ (retail value, up to \$160). OR, Frame Allowance: \$35 wholesale credit toward any frame from provider. No copay required.
Contact Lens Evaluation, Fitting & Follow Up Care	18 months (over age 19) 12 months (under age 19)	\$0	Davis Vision Collection Contacts: Covered in full. Standard, Soft Contacts: Covered in full.
Contact Lenses (in lieu of eyeglasses)	18 months (over age 19) 12 months (under age 19)	\$0	Covered in Full Contacts: From Davis Vision's Collection ¹ , up to: Planned Replacement Two boxes/multi-packs* Disposable Four boxes/multi-packs* OR, Contact Lens Allowance: \$150 ² allowance toward any contacts from provider's supply plus 15% off balance. No copay required. OR, Visually Required Contacts: Covered in full with prior approval. *Number of contact lens boxes may vary based on manufacturer's packaging.

Significant savings on optional frames, lens types and coatings!

	Member Price
Davis Vision Collection Frames: Fashion Designer Premier	\$0 \$0 \$25
Tinting of Plastic Lenses	\$0
Scratch-Resistant Coating	\$0
Premium Scratch-Resistant Coating	\$30
Blended Invisible Bifocal	\$0
Ultraviolet Coating	\$12
Anti-Reflective Coating: Standard Premium Ultra Ultimate	\$35 \$48 \$60 \$85
Polycarbonate Lenses	\$0 ³ \$10
High-Index Lenses 1.67 1.74	\$55 \$120
Progressive Lenses: Standard Premium Ultra Ultimate	\$0 \$80 \$130 \$165
Polarized Lenses	\$75
Photochromic Lenses (i.e. Transitions®, etc.) ⁴ : Plastic Glass	\$65 \$0
Digital Single Vision Lenses	\$0
Trivex Lenses	\$50
Blue Light Filtering	\$15

¹ The Davis Vision Collection is available at most participating independent provider locations. Collection is subject to change. Collection is inclusive of select toric and multifocal contacts.

² Non-plan contact lens allowance only applies to one dispense of contacts.

³ For dependent children, monocular patients and patients with prescriptions of +/- 6.00 diopters or greater.

⁴ Transitions® is a registered trademark of Transitions Optical Inc.

Please note: Your provider reserves the right to not dispense materials until all applicable member costs, fees and copayments have been collected. Contact lenses: Routine eye examinations do not include professional services for contact lens evaluations. Any applicable fees above the evaluation and fitting allowance are the responsibility of the member. If contact lenses are selected and fitted, they may not be exchanged for eyeglasses. Progressive lenses: If you are unable to adapt to progressive addition lenses you have purchased, conventional bifocals will be supplied at no additional cost; however, your copayment is nonrefundable. May not be combined with other discounts or offers. Please be advised these lens options and copayments apply to in-network benefits.