

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 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

Specialty lens

\$0 copay Covered in full

\$0 copay Covered in full



(DIR)

Lens copay:

\$0

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.



Frame

Allowance:

Other locations \$100

The Exclusive Collection copay:

Fashion Covered in full Designer

Visionworks1 \$150

Premier

\$40

Allowance: \$80 for disposable \$110 for specialty and non-disposable

Contacts³

in lieu of glasses

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 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.

OE00275 3/24/23

Lens options

Clear plastic single-vision, bifocal, trifocal or lenticular lenses (any RX).....\$0 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 Plastic Photochromic Lenses (Transitions⁵ 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

DOWNLOAD OUR MOBILE APP Available for iOS & Android devices. - Check eligibility - Review benefits - Access member ID - Provider search with directions

Additional savings

Retinal imaging (Member charge)....\$39
Additional pairs of eyeglasses.....30% discount²



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	

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. 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.