Partners HealthCare Systems, Inc.

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 and enter client code 7360 to locate providers or for additional information.



1.800.999.5431.

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

Make an appointment. Tell your provider you are a Davis Vision member with coverage through Partners HealthCare Systems, Inc. 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!

Your Davis Vision Benefits

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

Benefit	Frequency Once every -	In-network Copay		In-network Coverage
Eye Examination	Calendar Year	\$10	Covered in full. Includes dilation when professionally indicated.	
Spectacle Lenses	Calendar Year	\$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	Calendar Year	\$0	Covered in Full Frames: OR, Frame Allowance:	Any Fashion or Designer level frame from Davis Vision's Collection ^{/1} (retail value, up to \$160). \$90 allowance toward any frame from provider plus 20% off balance.
Contact Lens Evaluation, Fitting & Follow Up Care	Calendar Year	\$0	Davis Vision Collection Contacts:	Covered in full.
Contact Lenses (in lieu of eyeglasses)	Calendar Year	\$25	Covered in Full Contacts: Planned Replacement Disposable OR, Contact Lens Allowance: OR, Visually Required Contacts:	From Davis Vision's Collection/1, after copay, up to: Two boxes/multi-packs* Four boxes/multi-packs* \$125 allowance toward any contacts from provider's supply plus 15% off balance. No copay required. 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 \$10
Tinting of Plastic Lenses	\$0
Oversize Lenses	\$0
Scratch-Resistant Coating	
Blended Invisible Bifocals	
Ultraviolet Coating	\$0
Anti-Reflective Coating: Standard Premium Ultra	
Polycarbonate Lenses	\$0′²-\$10
High-Index Lenses	\$30
Progressive Lenses: Standard Premium Ultra	\$10 \$10 \$60
Polarized Lenses	\$75
Photochromic Lenses (i.e. Transitions [®] , etc.) ^{/3} : Plastic Glass	\$30 \$0
Digital Single Vision Lenses	\$30

TiCe ¹⁰ The Davis Vision Collection is available at most participating independent provider locations. Collection is subject to change.

0 ² For dependent children, monocular patients and patients with prescriptions of +/- 6.00 diopters or greater.

0 ³⁷Transitions[®] 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.