

Cook County Government your vision plan

Client code: 8134



Frequency

Exam: Once every 12 months
 Frame: Once every 24 months
 Lenses & lens upgrades: Once every 12 months; or
 Contacts, evaluation & fitting: Once every 12 months

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 Covered in full	Specialty lens \$60 allowance
---	---



Lenses

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	Visionworks ¹ +* \$150 +*
---------------------------------	--

+Additional 20% off any overage.²

or

The Exclusive Collection copay:

Fashion \$0	Designer \$0	Premier \$0
-----------------------	------------------------	-----------------------



Contacts³ in lieu of glasses

Allowance:

CONVENTIONAL \$100	VISUALLY REQ. ³ Covered-in-full <small>Prior approval required</small>
------------------------------	--

+Additional 15% off any overage.²

or

The Exclusive Collection of Contact Lenses:⁴

\$0

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.

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:

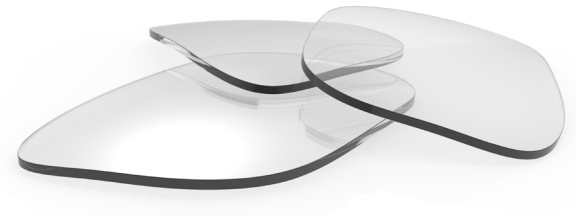
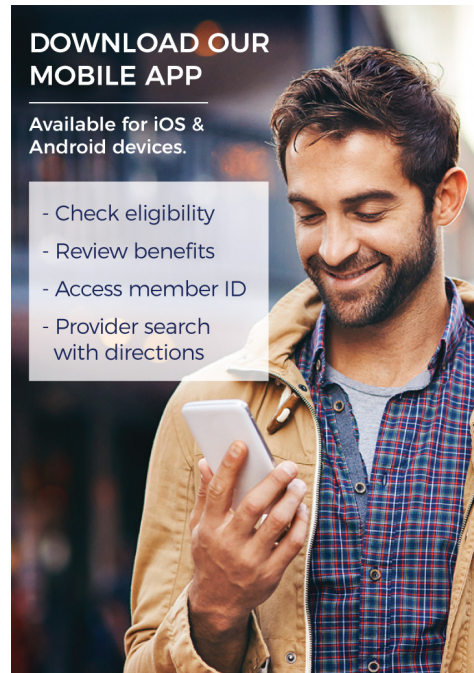


Lens options

Clear plastic single-vision, bifocal, trifocal or lenticular lenses (any RX).....	\$0
Polycarbonate Lenses (Children / Adults).....	\$0 or \$35
High-Index Lenses 1.67.....	\$55
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.....	\$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
Trivex Lenses.....	\$50
Blue Light Filtering.....	\$15

Additional savings

Retinal imaging (Member charge).....	\$39
Additional pairs of eyeglasses.....	.30% discount ²



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.