



the benefits
are clear.

WELCOME TO DAVIS VISION – WE’RE GLAD YOU’RE HERE.

Our goal is to provide you with benefits that are simple to understand and easy to use. See reverse for an overview of your plan coverage and log in to your member account for full details.



Access your full benefit information & FAQs anytime online at **davisvision.com**.



Visit a nationwide network of independent providers and leading retailers.



Save big with our Exclusive Collection of over 200 name-brand frames with values up to \$195.



Call our friendly member services team at the number on the back of your I.D. card.



All calls and claims are proudly administered in the U.S.

YOUR MEMBER ACCOUNT

Log in at **davisvision.com** to find a list of in-network providers near you, access your benefit information and check eligibility and claim status.

THE EXCLUSIVE COLLECTION

The Exclusive Collection of frames is available at close to 9,000 locations across the U.S. Log in to your account 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.

YOUR MEMBER CARDS ARE HERE.

Keep one in your wallet, or download our mobile app for digital access.



DAVIS VISION
EYECARE REFRAMEDSM



DAVIS VISION
EYECARE REFRAMEDSM

HERE ARE YOUR NETWORK BENEFITS.

Welcome to the new vision plan available to you through Cook County Government. For full benefit details, our directory of network providers, and additional discounts and options, log in to your member account at davisvision.com.

Member Name
 Address Line 1
 Address Line 2
 City, State, Zip

FREQUENCY
 Exam: Once every 12 months
 Frame: Once every 24 months
 Lenses & Lens Upgrades: Once every 12 months; or
 Contacts, Eval. & Fitting: Once every 12 months



EXAMS & SERVICES

Eye Exam copay:
\$0

Contacts evaluation, fitting & follow-up:
 CONVENTIONAL LENS SPECIALTY LENS
Covered in full **\$60 allowance**



FRAME

Allowance:
 OTHER LOCATIONS VISIONWORKS⁴
\$100 **\$150**

+ADDITIONAL 20% OFF any average.³

OR

The Exclusive Collection copay:⁴
 FASHION DESIGNER PREMIER
\$0 **\$0** **\$0**



LENSES

single-vision, bifocal,
 trifocal, or lenticular copay:
\$0



CONTACTS¹ IN LIEU OF GLASSES

(Requires contact lens evaluation and fitting)

Allowance:
 CONVENTIONAL VISUALLY REQ.²
\$100 **Covered-in-full**
Prior approval required

+ADDITIONAL 15% OFF any average.³

OR

The Exclusive Collection copay:⁴
\$0



OPTIONS & UPGRADES

FRAMES

2nd Pair Discount³ **30% OFF**

LENS OPTIONS

Polycarbonate **\$35**
 Transitions[®] Signature **\$70**
 Progressive **\$0 - \$90**
 Anti-Reflective Coating **\$40-\$69**
 Scratch Resistant Coating **\$0**
 Ultraviolet Coating **\$12**
 Tinting **\$0**
 Polarized **\$75**
 High-Index **\$60**
 Scratch Protection Plan **\$20 - \$40**

CONTACTS

Evaluation, Fitting & Follow Up Care **\$0 copay**

LASER VISION CORRECTION

25% OFF

PROVIDERS NEAR YOU

Log in to your member account at davisvision.com to find a full listing of in-network providers.

Dr. Name
 Dr. Address Line 1
 Dr. Address Line 2
 Dr. Address Line 3

Dr. Name
 Dr. Address Line 1
 Dr. Address Line 2
 Dr. Address Line 3

Dr. Name
 Dr. Address Line 1
 Dr. Address Line 2
 Dr. Address Line 3

Dr. Name
 Dr. Address Line 1
 Dr. Address Line 2
 Dr. Address Line 3

Dr. Name
 Dr. Address Line 1
 Dr. Address Line 2
 Dr. Address Line 3

DAVIS VISION
 EYECARE REFRAMED[™]

COOK COUNTY GOVERNMENT

ID #:
 Name:

davisvision.com/member | 1 (800)-381-6420

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 EYECARE REFRAMED[™]

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1. Employee out of pocket varies by product selected. 2. Visually Required contacts require prior approval. 3. Some limitations apply to additional discounts, discounts not applicable at all in-network providers. 4. These benefits are provided at the discretion of Davis Vision. 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.