



[Davisvision.com/member](https://davisvision.com/member) allows you to review benefits, verify eligibility, locate providers, access forms and more. For more information, log in to the **Open Enrollment/Discount Plan** section using MWG client code **7363**.

## Benefits Overview

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
<b>Eye Examination</b>	<b>Once every 12 Months</b>	
	\$10 copayment	Covered up to \$40
<b>Spectacle Lenses</b>	<b>Once every 12 Months</b>	
Single-Vision Lenses	\$20 copayment	Covered up to \$40
Bifocal Lenses		Covered up to \$60
Trifocal Lenses		Covered up to \$80
Lenticular Lenses		Covered up to \$60
Ultra Progressive Lenses	\$140 copayment	
<b>Frames</b>	<b>Once every 24 Months</b>	
Frame Coverage <b>OR</b> Davis Vision's Exclusive Collection	\$130 allowance + 20% off overage <sup>1/</sup>	Covered up to \$50
Fashion Selection	<b>Fully covered</b>	N/A
Designer Selection	<b>Fully covered</b>	
Premier Selection	\$25 copayment	
<b>Contact Lens Evaluation Fitting &amp; Follow-up</b>	<b>Once every 12 Months</b>	
	\$20 copayment	N/A
Standard Lens Type <b>OR</b> Specialty Lens Type	<b>Fully covered</b>	
Exclusive Collection Contact Lens <b>OR</b> Visually required (with prior approval)	Covered up to \$60 + 15% off overage <sup>1/</sup>	
	<b>Fully covered</b>	
	<b>Fully covered</b>	
<b>Contact Lenses</b>	<b>Once every 12 Months (in lieu of eyeglasses)</b>	
Elective Contact Lenses <b>OR</b> Davis Vision Exclusive Collection <b>OR</b> Visually Required (with prior approval)	\$130 allowance + 20% off overage <sup>1/</sup>	Covered up to \$105
	<b>Fully covered</b>	N/A
	<b>Fully covered</b>	Covered up to \$210



Davis Vision coverage is underwritten by HM Life Insurance Company, Pittsburgh, PA, under policy form series HM902-VIS or similar, in all states except New York. In New York, coverage is underwritten by HM Life Insurance Company of New York, New York, NY, under policy form series HM 902-VIS or similar. The coverage or service requested may not be available in all states and is subject to individual state approval.



**BROKER SERVICES**

A division of Morgan White Group

Group Name

## Monthly Rates

TIERS	EMPLOYER-PAID	VOLUNTARY
<b>2-Tier</b>		
Employee Only	\$7.36	\$7.96
Employee + Family	\$15.16	\$18.66
<b>3-Tier</b>		
Employee Only	\$7.36	\$7.96
Employee + One	\$11.99	\$13.89
Employee + Family	\$18.24	\$23.42
<b>4-Tier</b>		
Employee Only	\$7.36	\$7.96
Employee + Spouse	\$12.59	\$14.59
Employee + Children	\$13.18	\$15.31
Employee + Family	\$18.23	\$23.41

<sup>1/</sup>Additional discounts not applicable at Sam's Club and Walmart locations.

<sup>2/</sup> Vision discounts are not insurance, are available only from Davis Vision contracted providers, and may not be available in all areas. The rates quoted above are inclusive of premium and an additional administrative fee for service provided by MWG Administrators.

Broker contact information