

 **NYS PEF Retirees**
 your vision plan



Frequency

Exam: 12 mos.
 Lenses & lens upgrades: 12 mos.
 Frame: 12 mos.
 Contacts, evaluation & fitting: 12 mos.

Purchase the plan anytime between November 1, 2024 and October 31, 2025

For more details about the plan, you may visit pefmbp.com, click the Benefits & Insurance tab, and locate the Retiree Vision Plan under Insurance. You may also call the PEF Membership Benefits Program at 1.800.767.1840, Option 4.



Exams & Services

Eye Exam copay:
\$0

Contacts evaluation, fitting & follow-up:

Conventional lens
15% Savings¹

Specialty lens
15% Savings¹



Frame

Allowance:

\$130

+Additional 20% off any overage.¹

or

The Exclusive Collection copay:

Fashion Designer Premier
Covered in full Covered in full Covered in full



Lenses

Lens copay:
\$0



Contacts²
 in lieu of glasses

Allowance:

\$130

+Additional 15% off any overage.¹

or

The Exclusive Collection of Contact Lenses:³

Covered in full

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.



Copays for options & upgrades

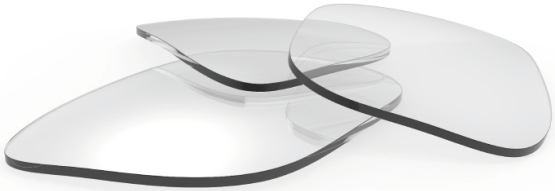
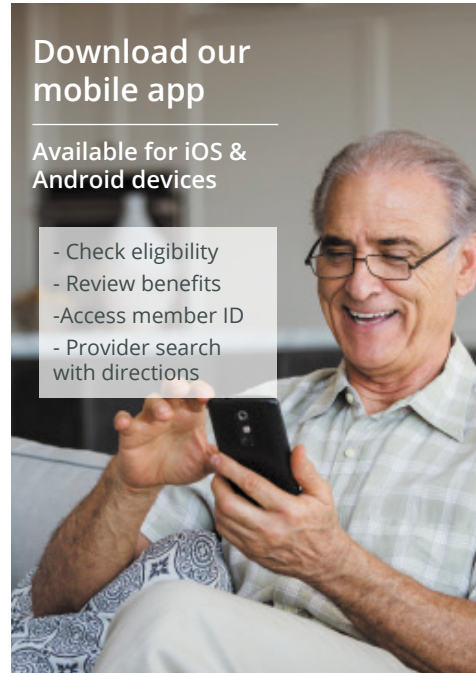
Lens options

Clear plastic single-vision, bifocal, trifocal or

lenticular lenses (any RX).....	\$0
Polycarbonate Lenses (Children / Adults).....	\$0 or \$30
High-Index Lenses 1.67.....	\$55
High-Index Lenses 1.74.....	\$120
Polarized Lenses.....	\$75
Progressive Lenses (Standard / Premium / Ultra / Ultimate).....	\$0 / \$0 / \$50 / \$85
Anti-Reflective (AR) Coating (Standard / Premium / Ultra/ Ultimate).....	\$35 / \$48 / \$60 / \$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
Digital Single Vision Lenses.....	\$30
Trivex Lenses.....	\$50
Blue Light Filtering.....	\$15

Additional savings

Retinal imaging (Member charge).....	\$39
Additional pairs of eyeglasses.....	30% discount ¹



Plan Options & Pricing for Plan Year: November 1, 2024 – October 31, 2025

The plan year begins November 1, 2024, and concludes October 31, 2025, regardless of when you purchase the plan during this time frame.

Retiree Contributions	Annually
Retiree	\$226.56
Retiree plus One	\$388.44
Retiree plus Family	\$591.00

Included in the total cost of your vision plan, is a \$24 fee charged by PEF Retirees for the administration of your plan.

For more details about the plan or to find a provider, visit davisvision.com. Click on Eye Care Professionals at the top of the web page if you are looking for a provider. You may also call Davis Vision Customer Service at 1.844.681.4498. To purchase your plan, visit pefmbp.com or call 1.800.767.1840, Option 4.

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: \$80
Frame: \$50	Lenticular Lenses: \$100
Single-Vision Lenses: \$40	Elective Contact Lenses: \$105
Bifocal / Progressive Lenses: \$60	Visually Required Contacts: \$225

1. Some limitations apply to additional discounts; discounts not applicable at all in-network providers. 2. Contact lens coverage varies by product selection. Visually Required contacts are covered in full with prior approval. 3. 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.