



US Health and Life

US HEALTH AND LIFE INSURANCE COMPANY

Argus Choice Vision – Fashion Value

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In-Network Benefits (Network available at www.davisvision.com)			
INN & OON Frequency - Once Every:	Fashion Value	Monthly Rates (Contributory)	Per Paycheck (Monthly)
Eye Examinations inclusive of Dilatation (when professionally indicated)	12 Months	Employee Only: \$4.10	Employee Only: \$4.10
Spectacle Lenses	12 Months	Employee + Spouse: \$8.21	Employee + Spouse: \$8.21
Frame	24 Months	Employee + Child(ren): \$8.61	Employee + Child(ren): \$8.61
Contact Lens Evaluation, Fitting & Follow-Up Care (in lieu of eyeglasses)	12 Months	Employee + Family: \$12.00	Employee + Family: \$12.00
Co-Payments:		Contact Lens Benefits (in Lieu of Eyeglasses) - Standard & Specialty Lens Types: Up to \$100	
Eye Examination	\$10	15% Discount** Evaluation, Fitting & Follow-Up Care - Standard Lens Types (in lieu of eyeglasses)	
Spectacle Lenses	\$25	15% Discount** Evaluation, Fitting & Follow-Up Care - Specialty Lens Types (in lieu of eyeglasses)	
Contact Lens	\$0	Disposable: up to Not Covered	
Eye Glass Benefit - Frame Allowance (Retail): Plus a 20% discount on any average Davis Vision Frame Collection (In Lieu of Allowance):	Up to \$100 or up to \$150 at VisionWorks	Planned Replacement: up to Not Covered	
	Member Co-pays	Not Covered Evaluation, Fitting & Follow-Up Care	
		\$0 Copay Materials, Evaluation, Fitting & Follow-up	
Fashion level	\$0		
Designer level	\$15		
Premier level	\$40		
Eyeglass Benefit - Spectacle Lenses			Member Co-Pays
Clear plastic single-vision, lined bifocal, trifocal or lenticular lenses (any size or Rx)			\$0
Tinting of Plastic Lenses			\$15
Scratch-Resistant Coating			\$0
Polycarbonate Lenses (Children/Adults)			\$0/\$35
Ultraviolet Coating			\$15
Anti-Reflective (AR) Coating (Standard/Premium/Ultra)			\$40/\$55/\$69
Progressive Lenses (Standard/Premium/Ultra)			\$65/\$105/\$140
High-Index Lenses			\$60
Polarized Lenses			\$75
Plastic Photochromatic Lenses			\$70
Scratch Protection Plan: Single Vision/Multifocal Lenses			\$20/\$40
Out-of-Network Reimbursement Allowance Schedule: Up to			
Eye Examination: \$40, Frame: \$50, Single Vision Lenses: \$40, Bifocal/Progressive Lenses: \$60, Trifocal Lenses: \$80, Lenticular Lenses: \$100, Elective Contact Lenses: \$80, Visually Required Contact Lenses: \$225			

This benefit summary is not a complete statement of benefits and restrictions.

Argus Dental & Vision, Inc.

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