



US Health and Life

US HEALTH AND LIFE INSURANCE COMPANY

Argus Choice Vision – Premier I

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In-Network Benefits (Network available at www.davisvision.com)			
INN & OON Frequency - Once Every:	Premier I	Monthly Rates (Contributory)	Per Paycheck (Monthly)
Eye Examinations inclusive of Dilatation (when professionally indicated)	12 Months	Employee Only: \$6.17	Employee Only: \$6.17
Spectacle Lenses	12 Months	Employee + Spouse: \$12.33	Employee + Spouse: \$12.33
Frame	12 Months	Employee + Child(ren): \$12.94	Employee + Child(ren): \$12.94
Contact Lens Evaluation, Fitting & Follow-Up Care (in lieu of eyeglasses)	12 Months	Employee + Family: \$18.05	Employee + Family: \$18.05
Co-Payments:		Contact Lens Benefits (in Lieu of Eyeglasses) - Standard & Specialty Lens Types: Up to \$150	
Eye Examination	\$10	\$0 co-pay Evaluation, Fitting & Follow-Up Care - Standard Lens Types (in lieu of eyeglasses)	
Spectacle Lenses	\$10	Up to \$60 allowance Plus a 15% discount on any coverage** Evaluation, Fitting & Follow-Up Care - Specialty Lens Types (in lieu of eyeglasses)	
Contact Lens	\$0	Disposable: up to 8 boxes/multi-packs	
Eye Glass Benefit - Frame Allowance (Retail): Plus a 20% discount on any overage Davis Vision Frame Collection (In Lieu of Allowance):	Up to \$150 or up to \$200 at VisionWorks Member Co-pays	Planned Replacement: up to 4 boxes/multi-packs	
		\$0 co-pay Evaluation, Fitting & Follow-Up Care	
		\$0 Copay Materials, Evaluation, Fitting & Follow-up	
Fashion level	\$0		
Designer level	\$0		
Premier level	\$0		
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		\$0	
Scratch-Resistant Coating		\$0	
Polycarbonate Lenses (Children/Adults)		\$0/\$30	
Ultraviolet Coating		\$12	
Anti-Reflective (AR) Coating (Standard/Premium/Ultra)		\$35/\$48/\$60	
Progressive Lenses (Standard/Premium/Ultra)		\$50/\$90/\$140	
High-Index Lenses		\$55	
Polarized Lenses		\$75	
Plastic Photochromatic Lenses		\$65	
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: \$105, 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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