



Underwritten in NY by HM Life Insurance Company of New York and in all other states by HM Life Insurance Company



SCHOOL EMPLOYEES BENEFITS BOARD

School Employees Benefits Board (SEBB) Program vision plan



For more details about this plan

Visit davisvision.com/HCASEBB or call 1-877-377-9353 and select the enrollment option when prompted.



Exams & Services

Eye Exam copay:
Renews every January 1
\$0

Contacts evaluation, fitting & follow-up:
Age 19 and over
Renews January 1 of even years
15% Savings²

Under age 19
Renews every January 1

Conventional lens **Covered in full** Specialty lens **\$60 allowance Plus 15% savings²**



Frames

Age 19 and over
Renews January 1 of even years
Under age 19
Renews every January 1
Allowance:

Visionworks¹ **+ Free Frame +** Other locations **\$150**

+Additional 20% off any overage.²

or

The Exclusive Collection copay:

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



Lenses

Age 19 and over
Renews January 1 of even years
Lens copay:
\$0

Under age 19
Renews every January 1

Lens copay:
\$0



Contacts³ in lieu of glasses

Age 19 and over
Renews January 1 of even years
Allowance:
\$150

Under age 19
Renews every January 1
Allowance:
\$300

+Additional 15% off any overage.²

or

The Exclusive Collection of Contact Lenses:⁴
Covered in full

Find a network provider

Log in at davisvision.com/HCASEBB to find a list of in-network providers near you.

The Exclusive Collection

The Exclusive Collection of frames is available at nearly 9,000 locations across the U.S. Log in at davisvision.com/HCASEBB 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.



options & upgrades

Lens options

	Age 19 and over	Under age 19
Clear Plastic Single-Vision, Bifocal, Trifocal or Lenticular Lenses (any Rx).....	\$0	\$0
Oversized Lenses.....	\$0	\$0
Plastic Lenses.....	\$0	\$0
Polycarbonate Lenses.....	\$30	\$0
High-Index Lenses 1.67.....	\$55	\$0
High-Index Lenses 1.74.....	\$120	\$120
Polarized Lenses.....	\$75	\$75
Standard Progressive Lenses.....	\$50	\$50
Premium Progressive Lenses.....	\$90	\$90
Ultra Progressive Lenses.....	\$140	\$140
Ultimate Progressive Lenses.....	\$175	\$175
Standard Anti-Reflective (AR) Coating.....	\$35	\$35
Premium Anti-Reflective (AR) Coating.....	\$48	\$48
Ultra Anti-Reflective (AR) Coating.....	\$60	\$60
Ultimate Anti-Reflective (AR) Coating.....	\$85	\$85
Ultraviolet Coating.....	\$12	\$0
Tinting of Plastic Lenses (Solid / Gradient).....	\$0	\$0
Plastic Photochromic Lenses (Transitions® Signature™).....	\$65	\$0
Scratch-Resistant Coating.....	\$0	\$0
Premium Scratch-Resistant Coating.....	\$30	\$30
Scratch-Protection Plan (Single-Vision Multifocal).....	\$20 \$40	\$20 \$40
Trivex Lenses.....	\$50	\$50
Blue Light Filtering.....	\$15	\$15

Additional savings

Retinal Imaging (Member charge).....	\$39
Additional Pairs of Eyeglasses.....	30% discount ²

DAVIS VISION MEMBER APP

Features like -

- Provider search w/ map & directions
- ID card
- Eligibility & benefits
- Submit a claim
- Glasses order tracker
- Tools & resources

Download on the App Store | GET IT ON Google Play



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

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

1. Excludes Maui Jim® eyewear. 2. Some limitations apply to additional discounts; discounts not applicable at all in-network providers. 3. Contact lens coverage varies by product selection. Visually required contacts are covered in full with prior approval. 4. 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 Certificate of Coverage (COC), the (COC) will prevail.