DavisVision™

davisvision.com | 1 (844) 681-4498
pefretirees.org | 1 (800) 342-4306, 288
pefmbp.com | 1 (800) 767-1840, Option 4

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, 2025 and October 31, 2026

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

Exams & Services

Eye Exam copay:
$0

Contacts evaluation, fitting & follow-up:

Conventional lens	Specialty lens
15% Savings[1]	**15% Savings**[1]

Lenses

Lens copay:
$0

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**

Contacts[2] 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.

Access to over 93,000 points of access across the U.S.

To find an eye care professional: If you are interested in looking for an eye care professional prior to purchasing the Davis Vision Discount Plan, please visit the Davis Vision member site at davisvision.com, and enter the Client Code 4985, in the “Member log In” section of the web page. Using the client code allows you to access information on providers in the Davis Vision network. You may also call (877) 923-2847 to locate a provider or to gather additional information on the discount plan. Please use the client code when calling as well. Utilizing the client code ensures you are accessing provider and information specific to the Davis Vision Discount plan features provided by the PEF Retirees.

After purchasing the plan via PEF MBP and validating it via Davis Vision, you can access the provider network by visiting davisvision.com. Use the member log in and enter either your membership identification number (MIN), your Davis Vision member number, or the client code 4985.

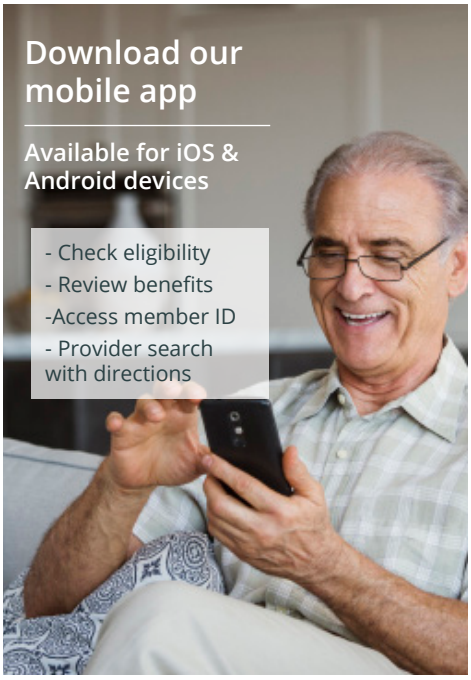
Copays for options & upgrades

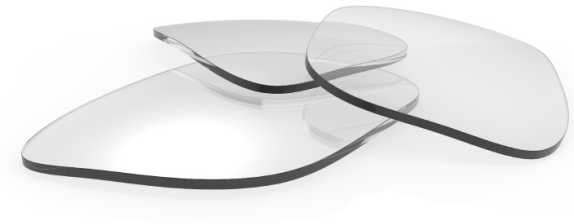
Lens options

Clear plastic single-vision, bifocal, trifocal or lenticular lenses (any RX)	$0
Polycarbonate Lenses (Children / Adults)	$0 or $30[4]
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)	$0 / $48 / $60 / $85
Ultraviolet Coating	$12
Tinting of Plastic Lenses (Solid / Gradient)	$0
Plastic Photochromic Lenses (Transitions® Signature™)	$65[5]
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, 2025 – October 31, 2026

The plan year begins November 1, 2025, and concludes October 31, 2026, 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, visit pefmbp.com and click on the Benefits & Insurance tab. Look for the Retiree Vision Plan listed under the Insurance column. Or, you may call Davis Vision Customer Service at 1,844.681.4498.

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. 4. For dependent children, monocular patients and patients with prescriptions of +/- 6.00 diopters or greater. 5.Transitions® is a registered trademark of Transitions Optical Inc. 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.