

Vision Insurance

CFG offers one vision plan through Davis Vision, which is included with the CFG medical plan. The plan allows you to use in-network or out-of-network benefits. If out-of-network providers are used, you will be responsible to pay the difference between Davis Vision’s allowed amount and what the provider may charge, also known as “balance billing”. The chart below provides a brief overview of the plan.

Visit our benefits website, www.benefitsatcfg.com, for

information on how to register for your account, login, and find in-network providers. Your Davis Vision ID number is your Independence Administrators member ID without the "IKF".



	In-Network	Out-of-Network
EYE EXAM	\$0 copay	Up to \$40 reimbursement
LENSES	Every 24 months	
Single Vision, Bifocal Lenses, Trifocal Lenses, Lenticular Lenses	\$25 copay	Reimbursement up to: Single - \$40 Bifocal - \$60 Trifocal - \$80 Lenticular - \$100
FRAMES	Every 24 months	
	Up to \$100, plus a 20% discount on any overage	Up to \$50 reimbursement
CONTACT LENSES	Every 24 months	
Elective	Up to \$100, plus a 15% discount on any overage	Up to \$80 reimbursement