

Vision Plus Plan - Plan VP2

Healthy eyes and clear vision are an important part of your overall health and quality of life. Your vision plan helps you care for your eyes while saving you money by offering:

Paid-in-full eyeglasses and contacts!

Frame Collection: Your plan includes a selection of Fashion and Designer, name brand frames that are completely covered in full.¹

Contact Lens Collection: Select from the most popular contact lenses on the market today with Davis Vision's Contact Lens Collection.¹

One-year eyeglass breakage warranty included on plan eyewear at no additional cost!

How to locate a Network Provider...

Just log on to the Open Enrollment section of the Davis Vision site at davisvision.com and click "Find a Provider" to locate a provider near you.

Find a Provider

- Go to www.davisvision.com
- Click on the "Members" tab
- In the "Open Enrollment Box", insert client code "7745"

Contact your Human Resources department today to enroll.

For more details about the plan, just log on to the Open Enrollment section of the Davis Vision site at davisvision.com or call **1.877.923.2847** and enter Client Code 7745.

IN-NETWORK BENEFITS

Eyeglasses	
Spectacle Lenses	Every 12 months, Covered in full For standard single-vision, lined bifocal, or trifocal lenses after \$25 copayment
Frames	Every 24 months Any Fashion or Designer frame from Davis Vision's Collection ¹ , covered in full, or Collection Premier frames after a \$25 copay OR \$130 retail allowance toward any frame from a Davis Vision provider, plus 20% off the balance ³
Contact Lenses	
Contact Lens Evaluation, Fitting & Follow Up Care	Every 12 months For Collection and Non-Collection standard contact lenses, payable under the policy, covered in full OR For Non-Collection specialty contact lenses, \$60 allowance, plus 15% discount off the balance from a Davis Vision provider.
Contact Lenses (in lieu of eyeglasses)	Every 12 months Any contact lenses from Davis Vision's Contact Lens Collection ¹ , covered in full, after a \$25 copay OR For contact lenses other than Collection Lenses, a maximum allowance of \$130; after \$25 copay, plus 15% off the balance ³

ADDITIONAL DISCOUNTED LENS OPTIONS & COATINGS

MOST POPULAR OPTIONS <small>Savings based on in-network usage and average retail values.</small>	Without Davis Vision	With Davis Vision
Scratch-Resistant Coating	\$20	\$0
Polycarbonate Lenses	\$64	\$0 ² -\$30
Standard Anti-Reflective (AR) Coating	\$62	\$35
Standard Progressives (no-line bifocal)	\$154	\$50
Plastic Photosensitive (Transitions ^{®/4})	\$126	\$65

Lower costs and more benefits! See the savings!

Service	Without Davis Vision	With Davis Vision
Lenses		
Bifocals	\$80	\$25
Scratch-Resistant Coating	\$20	\$0
Transitions ^{®/4}	\$126	\$65
Frame	\$130	\$0
Total	\$431	\$90

Savings up to:
\$341

Employee Contributions	Monthly	Annually
Employee	\$5.69	\$68.28
Employee plus One	\$10.07	\$120.84
Employee plus Family	\$14.80	\$177.60

¹ The Davis Vision Collection is available at most participating independent provider locations.

² For dependent children, monocular patients and patients with prescriptions of 6.00 diopters or greater.

³ Additional discounts not applicable at Walmart locations.

⁴ Transitions[®] is a registered trademark of Transitions Optical Inc.

EPIC has made every effort to correctly summarize your vision plan features. In the event of a conflict between this information and your organization's contract, the terms of the contract or insurance policy will prevail.

EPIC Vision plans offer....

Value for our Members

A comprehensive benefit ensuring low out-of-pocket cost to members and their families. Our goal is 100% member satisfaction.

Freedom of Choice

PPO plan members have the freedom to visit any provider of their choice. Members receive the greatest benefit value when they visit one of over 30,000 Davis Vision network providers. The Davis Vision provider network includes independent, private practice ophthalmologists and optometrists, as well as national and regional retailers. All network providers are NCQA credentialed.

Value-Added Features:

- Replacement contacts through Lens 123![®] mail-order contact lens replacement service, saving both time and money.
- Laser Vision Discount Network - Up to 25% off provider's Usual & Customary charges or 5% off advertised specials, whichever is lower.

Other Plan Benefits:

- Low Vision - One comprehensive evaluation every 5 years.
- Medically-necessary contact lenses (prior approval required).

Contact Info

For more details about the plan, just log on to the Open Enrollment section of the Davis Vision site at davisvision.com or call 1.877.923.2847 and enter Client Code 7745.

Administered by Davis Vision on behalf of The EPIC Life Insurance Company.

ADDITIONAL LENS OPTIONS	WITHOUT DAVIS VISION	WITH DAVIS VISION
All Ranges of Prescriptions and Sizes	\$60-\$120	\$0
Plastic or Glass Lenses	\$30-\$35	\$0
Oversized Lenses	\$25	\$0
Fashion Gradient Tinting	\$20	\$0
Scratch-Resistant Coating	\$20	\$0
Premier Frame	\$225	\$25
Polycarbonate Lenses	\$64	\$0 ¹ or \$30
Ultraviolet Coating	\$26	\$12
Standard Anti-Reflective (AR) Coating	\$62	\$35
Premium AR Coating	\$76	\$48
Ultra AR Coating	\$114	\$60
Standard Progressive Addition Lenses	\$154	\$50
Premium Progressives (Varilux [™] /2, etc.)	\$225	\$90
High-Index Lenses	\$121	\$55
Polarized Lenses	\$95	\$75
Photochromic Glass Lenses	\$50	\$20
Plastic Photosensitive Lenses	\$126	\$65
Scratch Protection Plan (Single vision Multifocal lenses)		\$20 \$40

¹ Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions 6.00 diopters or greater.

² Varilux[®] is a registered trademark of Societe Essilor International.

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. If you choose an out-of-network provider, you must pay the provider directly for all charges and then submit a claim for reimbursement to:

Vision Care Processing Unit
P.O. Box 1525
Latham, NY 12110

OUT-OF-NETWORK REIMBURSEMENT SCHEDULE

Frame up to \$30
 Spectacle Lenses (per pair) up to:
 Single Vision \$25, Bifocal \$35, Trifocal \$45, Lenticular \$60
 Elective Contacts up to \$75, Medically Necessary Contacts up to \$225