TD Auto Finance

Co/op Optical Vision Designs

DAVIS VISION EYECARE REFRAMED℠

Welcome to Davis Vision!

We are pleased to provide you with information on your vision benefit to help you care for your vision and eye health - a key part of overall health and wellness!

If you are not currently enrolled, please visit our member site at davisvision.com and enter client code 3051 or call 1.800.282.8951 to locate providers or for additional information.

Using your benefits is easy! Just log on to our Member site at davisvision.com and click "Find a Provider," or call us at 1.800.282.8951.

Make an appointment. Tell your provider you are a Davis Vision member with coverage through TD Auto Finance. Provide your member ID number, name and date of birth, and do the same for your covered dependents seeking vision services. Your provider will take care of the rest!

Your Plan Benefits for TD Auto Finance

100% OF YOUR CALLS & CLAIMS ARE PROUDLY ADMINISTERED IN THE USA

Benefit	Frequency Once every -	In-network Copay	In-network Coverage
Eye Examination	24 months	*$5	Covered in full. *Includes dilation when professionally indicated.*
Spectacle Lenses	24 months	$7.50	Clear plastic lenses in any single vision, bifocal, trifocal or lenticular prescription. Covered in full. (See below for additional lens options and coatings.)
Frame	24 months	$0	**Patient Responsibility:** The difference between the wholesale cost of the frame and the maximum allowance of the $45, plus 20% of the difference
Contact Lenses (in lieu of eyeglasses)	24 months	*$7.50	**Contact Lens Allowance**: $90 allowance toward any contacts from provider's supply, plus 25% discount off overage. **Visually Required Contacts:** Covered up to $300 with prior approval. *Examination and contact lens copayment does not apply when received together

Significant savings on optional frames, lens types and coatings! Member Price

Tinting of Plastic Lenses	$0
Oversize Lenses	$0
Scratch-Resistant Coating	$0
Ultraviolet Coating	$15
Anti-Reflective Coating: Standard | Premium | Ultra	$40 | $55 | $69
Polycarbonate Lenses	$0[1]-$35
High-Index Lenses	$60
Progressive Lenses: Standard | Premium | Ultra	$0 | $40 | $50
Polarized Lenses	$75
Photochromic Lenses (i.e. Transitions®, etc.)[2]	$70
Intermediate-Vision Lenses	$30
Blended Segment Lenses	$0

[1] For dependent children, monocular patients and patients with prescriptions of +/- 6.00 diopters or greater.

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

Please note: Your provider reserves the right to not dispense materials until all applicable member costs, fees and copayments have been collected. Contact lenses: Routine eye examinations do not include professional services for contact lens evaluations. If contact lenses are selected and fitted, they may not be exchanged for eyeglasses. Progressive lenses: If you are unable to adapt to progressive addition lenses you have purchased, conventional bifocals will be supplied at no additional cost; however, your copayment is nonrefundable. May not be combined with other discounts or offers. Please be advised these lens options and copayments apply to in-network benefits.

Frequently Asked Questions

How can I contact Member Services?
Call 1.800.282.8951 for automated help 24/7. Live help is also available seven days a week: Monday-Friday, 8 a.m.-11 p.m. | Saturday, 9 a.m.-4 p.m. | Sunday, 12 p.m.-4 p.m. (Eastern Time). (TTY services: 1.800.523.2847.)

Do I need a claim form?
Claim forms are only required if you visit an out-of-network provider. Claim forms are available on our member Web site.

Can I split my benefits?
You may split your benefits by receiving your eye examination and eyeglasses or contact lenses on different dates or through different provider locations. To maximize your benefit value we recommend that all services be obtained from a network provider.

Can I use an out-of-network provider?
Yes; however, you receive the greatest value by staying in-network. If you go out-of-network, pay the provider at the time of service, then submit a claim to Davis Vision for reimbursement, up to the following amounts, standard reimbursement: eye exam - $25 | single vision lenses - $18 | bifocal lenses - $25 | trifocal lenses - $29 | lenticular lenses- $40 | frame - $14 | contact lenses - $60 | Visually Required contact lenses with prior approval - $121

Are there any exclusions to the vision benefits?
Your vision plan does not cover medical treatment of eye disease or injury; vision therapy; special lens designs or coatings, other than those described herein; replacement of lost eyewear; non-prescription (plano) lenses; contact lenses and eyeglasses in the same benefit cycle; services not performed by licensed personnel; two pair of eyeglasses in lieu of bifocals.

DAVIS VISION EXTRAS!

Eye Health & Wellness Log on and learn more about your eyes, health and wellness; common eye conditions that can impair vision; and what you can do to ensure healthy eyes and a healthier life.

For more details… about your vision benefits, patient rights and responsibilities about Davis Vision or to obtain a copy of Davis Vision's Privacy Practices Notices, please log on to our member Web site or contact us at 1.800.282.8951.

Additional Savings A 20% discount on non-covered pairs of prescription glasses. A 15% discount of prescription contact lenses when purchased in addition to eyeglasses covered under the plan. The discount is only available for the 12 months following the date of the covered eye exam and must be obtained at a participating provider.

Medical Referral While eligible and following your routine eye examination, if you are referred to an affiliated ophthalmologist for consultation by your network provider, the Plan will cover your medical examination. Only the ophthalmologist charge for the examination is covered; additional tests and procedures required as part of the ophthalmologist exam are not covered. The consultation must occur within 60 days of the referral.

Progressive Myopia (rapidly changing nearsighted vision): Yearly visual screening with a $5 copayment and new lenses, subject to a $7.50 copayment with a prescription change of a -.50 diopter or more for dependent children up to their 16th birthday. A letter from the ophthalmologist/optometrist indicating Progressive Myopia must be submitted with the claim form.

Type 1 Diabetics: Insulin-dependent diabetics (Type 1) will be eligible for exam every January 1 after last eligible exam covered by vision plan with a $5 copayment. If the exam reveals a prescription change of .50 diopter or more and/or 10 degrees of axis change or more, new lenses will be provided with a $7.50 copayment according to vision benefits provided by the plan annually. Eligibile persons must present a letter from a medical physician stating the person has been diagnosed a Type 1 diabetic. A new letter will be required for files each time this benefit is used.

Davis Vision has made every effort to correctly summarize your vision plan features herein. In the event of a conflict between this information and your organization's contract with Davis Vision, the terms of the contract will prevail.