

## Davis Vision Plan Benefits

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 eye examinations, eyeglasses and contacts!**

*Frame Collection:* Your plan includes a selection of designer, name brand frames that are completely covered in full.<sup>3</sup>

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

### **How to locate a Network Provider...**

Just log on to the Member section at [davisvision.com](http://davisvision.com) and enter client code 3642 and click "Find a Provider" to locate a provider near you including:



### **To learn more about your benefits:**

For more details about the plan, just log on to the Open Enrollment section of our Member site at [davisvision.com](http://davisvision.com) or call **1.888.234.5164** and enter Client Code **3642**.

IN-NETWORK BENEFITS	
<b>Eye Examination<sup>1/</sup></b>	Every 12 months <sup>2/</sup> , <b>Covered in full</b>
<b>Eyeglasses</b>	
<b>Spectacle Lenses</b>	Every 24 months, <b>Covered in full</b> For standard single-vision, lined bifocal, or trifocal lenses. Available in all ranges of prescriptions and sizes with tinting and scratch resistant coating.
<b>Frames</b>	Every 24 months, <b>Covered in full</b> Any Fashion frame from Davis Vision's Collection <sup>3</sup> (value up to \$100)  OR \$40 retail allowance toward any frame from provider. <sup>4</sup>
<b>Contact Lenses (in lieu of eyeglasses)</b>	
<b>Contact Lens Evaluation, Fitting &amp; Follow Up Care</b>	Every 24 months, \$40 retail allowance <sup>4</sup>
<b>Contact Lenses</b>	Every 24 months, \$75 retail allowance toward provider supplied contact lenses <sup>4</sup>

<sup>1/</sup> The program benefits are limited to one vision testing examination in any period of 12 months, plus one referral (when medically necessary) to an ophthalmologist for re-examination within 60 days from the date of initial examination with a \$45 allowance.

<sup>2/</sup> Insulin dependent diabetics are entitled to a second vision examination every 12 months with prior approval.

<sup>3/</sup> The Davis Vision Collection is available at most participating independent provider locations.

<sup>4/</sup> 20% discount off any remaining balance for frames and 15% discount for contact lenses.

Davis Vision 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 with Davis Vision, the terms of the contract will prevail.

See page 2 for more benefit information.

# Davis 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.

## Convenient Network Locations

A national network of credentialed preferred providers throughout the 50 states.

## Freedom of Choice

Access to care through either our network of independent, private practice doctors (optometrists and ophthalmologists) or select retail partners.

## Value-Added Features:

- Replacement contacts (after initial benefit) through [www.DavisVisionContacts.com](http://www.DavisVisionContacts.com) mail-order contact lens replacement service ensures easy, convenient purchasing online and quick shipping direct to your door.
- Laser Vision Correction discounts of up to 25% off the provider's Usual & Customary fees, or 5% off advertised specials, whichever is lower.

## Contact Info

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VALUE ADDED OPTIONS	WITH DAVIS VISION
<b>FRAMES</b>	
Designer Frame (from the Davis Vision Collection)	\$15
Premier Frame (from the Davis Vision Collection)	\$40
<b>LENSES</b>	
Polycarbonate Lenses	\$0 <sup>1</sup> or \$35
Ultraviolet Coating	\$15
Standard Anti-Reflective (AR) Coating	\$40
Premium AR Coating	\$55
Ultra AR Coating	\$69
Standard Progressive Addition Lenses	\$65
Premium Progressives (Varilux <sup>®2</sup> , etc.)	\$105
Ultra <sup>3</sup> Progressives Addition Lenses	\$140
High-Index Lenses	\$60
Polarized Lenses	\$75
Photochromic Lenses (i.e. Transitions <sup>®4</sup> , etc.) <sup>4</sup>	\$70
Scratch Protection Plan (Single vision   Multifocal lenses)	\$20   \$40

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

<sup>2/</sup> Varilux<sup>®</sup> is a registered trademark of Societe Essilor International

<sup>3/</sup> Category includes digital free-form progressive lenses.

<sup>4/</sup> Transitions<sup>®</sup> is a registered trademark of Transitions Optical, Inc.

## 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

*(For Members who reside ≤ 25 miles from a Network Provider)*

Eye Examination \$0 | Frame up to \$13  
 Spectacle Lenses (per pair) up to:  
 Single Vision \$13, Bifocal/Progressive \$13, Trifocal \$13, Lenticular \$13  
 Elective Contacts up to \$37, Medically Necessary Contacts up to \$52.50

*(For Members who reside > 25 miles from a Network Provider)*

Eye Examination \$45 | Frame up to \$49  
 Spectacle Lenses (per pair) up to:  
 Single Vision \$59, Bifocal/Progressive \$79, Trifocal \$99, Lenticular \$99  
 Elective Contacts up to \$89, Medically Necessary Contacts up to \$200