

Vision Care Plan Benefit Description

Sponsored by, and administered on behalf of the pilots and dependents of



Please call Davis Vision at **1-888-60-FEDEX** with questions or visit our website: www.davisvision.com

FedEx Express is pleased to provide this information about your vision care plan administered by Davis Vision, Inc., a leading national administrator of vision care programs. Eligibility for vision care benefits is determined by the same rules that apply to your health care benefits.

Highlights of the program include:

- Receiving services in or out of the network.
- Enhanced in-network benefits, including: contact lenses, frames, optional services, and paperless authorizations.
- Employees and or dependents that do not elect comprehensive vision coverage can still take advantage of the Advantage Eyecare Program.

How do I receive services from a provider in the network?

- Call the network provider of your choice and schedule an appointment.
- Identify yourself as a Davis Vision and **FedEx Express** employee or dependent.
- Provide the office with the employee ID number and the name and date of birth of any covered dependent needing services.

It's that easy! The provider's office will verify your eligibility for services, and claim forms or ID cards are not required!

Who are the network providers?

They are licensed providers in both private practice and retail locations who are extensively reviewed and credentialed to ensure that stringent standards for quality service are maintained. Please access Davis Vision's website at www.davisvision.com and utilize the "Find a Doctor" feature, or call **1-888-60-FEDEX** to access the Interactive Voice Response (IVR) Unit, which will supply you with the names and addresses of the network providers nearest you.

What are the plan benefits, frequencies and costs?

Employees and their eligible dependents may receive a comprehensive eye examination (including dilation as professionally indicated once every 12 months; frames once every 24 months; spectacle lenses or contact lenses once every 12 months.

Eligible employees and their dependents that do not elect comprehensive vision coverage can still take advantage of the Advantage Eyecare Program.

EYE EXAMINATIONS

In-Network Copayment.....\$0
Out-of-Network Reimbursed up to \$35

EYEGASSES

In-Network Copayment\$10

You may choose any Fashion or Designer level frame from Davis Vision's Frame Collection, covered in full. Or, if you select another frame in the network provider's office, a \$115 credit will be applied. This credit would also apply at retail locations that do not carry the Frame Collection. Members are responsible for the amount over \$115. For more information on lenses, please see "What lenses/coatings are included?"

Out-of-Network Reimbursed up to \$30 for frames, up to \$25 for single vision lenses, up to \$35 for bifocals, up to \$45 for trifocals, up to \$60 for lenticular (post-cataract) lenses.

CONTACT LENSES

In-Network Copayment\$0 or \$10

In lieu of eyeglasses, you may select contact lenses. Any contact lenses from Davis Vision's Contact Lens Collection will be covered in full per the number indicated below. Your provider will give you specific copayment information for the type of lenses you require. If you select contact lenses, your evaluation, fitting and follow up care will also be covered.

Davis Vision Contact Lens Collection (includes evaluation, fitting, follow-up):

Disposable

New Wearers..... Two boxes/multi-packs
Existing Wearers..... Four boxes/multi-packs
Planned Replacement.....Two boxes/multi-packs

In lieu of the Davis Vision contact lenses, members may use their \$110 credit will go toward the provider's own supply of contact lenses, evaluation, fitting and follow-up care. This credit would also apply towards all contact lenses received at participating retail locations.

(CONTACT LENSES continued)

Out-of-Network Reimbursed up to \$90 for examination, evaluation/fitting and follow-up with contact lenses, or up to \$55 for elective contact lenses only.

Please note: Contact lenses can be worn by most people. Once the contact lens option is selected and the lenses are fitted, they may not be exchanged for eyeglasses.

What lenses/coatings are included?***

- Plastic or glass single vision, bifocal or trifocal lenses, in any prescription range.
- Oversize lenses.
- Post-cataract lenses.
- Tinting of plastic lenses.
- Polycarbonate lenses.
- Blended invisible bifocals.
- Intermediate-vision lenses.
- Ultraviolet (UV) coating.
- Quadrifocals (safety eyewear only)
- Ski-type coating.
- Low power aspheric lenses.
- Full spectrum lenses.
- Faceted lenses.
- Scratch-resistant coating.
- Glass photochromic lenses.
- Standard or premium progressive addition multifocal lenses.***

*** Progressive addition multifocals can be worn by most people. Conventional bifocals will be supplied at no additional charge for anyone who is unable to adapt to progressive addition lenses up to 90 days from the date the eyewear is dispensed.

Are any optional items available?***

The following are available at the fixed discounted fees indicated:

- \$15 for a Premier frame from the "Collection".
- \$25 for Blended myodisc.
- \$75 for double segment bifocal lenses.
- \$9 for edge coating (painted groove).
- \$9 for edge polish.
- \$15 for mirror coating.
- \$100 for quadrifocals.
- \$35 for standard ARC (anti-reflective coating). Premium ARC is \$48. Ultra ARC is \$60.
- \$65 for polarized lenses.
- \$65 for plastic photosensitive lenses.
- \$55 for high-index (thinner and lighter) lenses.

** These lens options and copays apply to in-network benefits only.

How do I receive in-network services if there is not an in-network provider in my area?

1. If there are no providers in your area please call 1-888-60-FEDEX before scheduling an appointment. Identify yourself as a Davis Vision plan participant and Fedex Express employee or eligible dependent, provide the office with the employee's ID number.
2. Ask Davis Vision to locate a provider for you, or give Davis Vision the name and address of the provider of your choice; Davis Vision will attempt to negotiate in-network benefits for you and will contact you with an authorization.
3. The employees and their eligible dependents' examination (including dilation when professionally indicated) is provided at no cost.

When will I receive my eyewear?

Generally, your eyewear will be delivered to your provider from the laboratory within five business days. More delivery time may be needed when out-of-stock frames, anti-reflective coating, specialized prescriptions or a participating provider's frame is selected.

What about out-of-network provider 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**

Only one claim per service may be submitted for reimbursement each benefit cycle. To request claim forms, please visit the Davis Vision website at www.davisvision.com or call 1-888-60-FEDEX.

May I use the benefit at different times?

You may "split" your benefits by receiving your eye examination and eyeglasses (or contact lenses) on different dates or through different provider locations, if desired. Continuity of care will best be maintained when all available services are obtained at one time from either a network or an out-of-network provider. To maximize your benefit value we recommend that all services be obtained from a network provider.

Advantage Eyecare Program

FedEx Express has made arrangements for all employees and their eligible dependents (health coverage and comprehensive vision coverage not required) to purchase additional vision care services at special negotiated prices. Employees may also take advantage of these prices to purchase additional services, such as a second pair of eyeglasses or sunglasses. These services must be received from an in-network provider. Below is a list of available services, along with the charge for each.

Services	Your Cost*
Eye Examination**	\$50 - \$78
Single Vision Lenses & Frame	\$121.70
Bifocal Lenses & Frame	\$134.76
Trifocal Lenses & Frame	\$147.82
Single Vision Lenses Only	\$64.18
Bifocal Lenses Only	\$77.24
Trifocal Lenses Only	\$90.30
Frame Only	\$71.88
Contact Lenses - New Wearer***	\$142.60

(Includes fitting, follow-up and care kit)

* In addition to your cost above you will pay a \$10 materials copayment at the provider's office.

** Based on area of the country

*** Plan supplied lenses only

How do I use the Advantage Eyecare Program?

• Call **1-888-60-FEDEX** prior to receiving services.

If services are being requested for an employee, you must provide:

- the employee's ID number
- service(s) needed

If services are being requested for a dependent, you must provide:

- the employee's ID number
- dependents date of birth
- service(s) needed

Advance payment for service(s) must be made to Davis Vision by VISA, MasterCard, personal check, or money order.

Warranty Information:

One-year eyeglass breakage warranty included at no additional cost. All plan eyeglasses come with a breakage warranty for repair or replacement of the frame and/or lenses for a period of one year from the date of delivery. The warranty applies to all plan covered eyeglasses, i.e. spectacle lenses, Davis Vision Collection frames and national retailer frames (where our Exclusive Collection is not displayed).

Are there any exclusions?

The following items are not covered by this vision program:

- Medical treatment of eye disease or injury.
- Vision therapy.
- Special lens designs or coatings, other than those previously described.
- Replacement of lost eyewear.
- Non-prescription (plano) lenses.
- Services not performed by licensed personnel.
- Contact lens insurance.
- Claims filed more than one year from date of service.
- Eye examinations required as a condition of employment, such as DOT or FAA exams
- Two pairs of eyeglasses in lieu of a bifocal.
- Services or materials otherwise payable under your health option or worker's compensation.

For more information, please visit Davis Vision's website at www.davisvision.com or call Davis Vision at 1-888-60-FEDEX to:

- Learn more about your benefits
- Locate a Davis Vision provider
- Verify eligibility
- Print an enrollment confirmation
- Request an out-of-network provider reimbursement form
- Contact a Member Service Representative.

Member Service Representatives are available:

- Monday through Friday, 8:00 am to 11:00 pm, Eastern Time,
- Saturday, 9:00 am to 4:00 pm, Eastern Time, and;
- Sunday, 12:00 pm to 4:00 pm, Eastern Time.

Your rights as a patient:

Davis Vision recognizes that all patients have specific rights, including, but not limited to:

- The right to complete information about their healthcare options and consequences.
- The right to participate in all treatment decisions.
- The right to dignity, privacy, confidentiality and non-discrimination.
- The right to complain or appeal any decision.

Patients also have the responsibility:

- To provide complete and accurate information.
- To follow care instructions.

For a complete copy of your Rights and Responsibilities as a Patient, please visit Davis Vision's website at: www.davisvision.com or call **1.888-60-FEDEX**.

“All insured products are underwritten by either HM Life Insurance Company or HM Life Insurance Company of New York.”

Davis Vision may operate as Davis Vision Insurance Administrators in California

Participants who use a TTY (Teletypewriter) because of a hearing or speech disability may access TTY services by calling 1-800-523-2847.

Member Service Representatives are available:

- Monday through Friday, 8:00 AM to 11:00 PM, Eastern Time
- Saturday, 9:00 AM to 4:00 PM, Eastern Time
- Sunday, 12:00 PM to 4:00 PM, Eastern Time

Participants who use a TTY (Teletypewriter) because of a hearing or speech disability may access TTY services by calling 1-800-523-2847.

Your rights as a patient:

Davis Vision recognizes that all patients have specific rights, including, but not limited to:

- The right to complete information about their healthcare options and consequences.
- The right to participate in all treatment decisions.
- The right to dignity, privacy, confidentiality and non-discrimination.
- The right to complain or appeal any decision.

Patients also have the responsibility:

- To provide complete and accurate information.
- To follow care instructions.

For a complete copy of your Rights and Responsibilities as a Patient, please visit Davis Vision's website at:
www.davisvision.com or call **1-888-60-FEDEX**.

“All insured products are underwritten by either HM Life Insurance Company or HM Life Insurance Company of New York.”

Davis Vision may operate as Davis Vision Insurance Administrators in California
