

A Guide to your Vision Benefits

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

- In order to be a wise consumer and receive the best value, you should make sure you receive services from a full-service Davis Vision provider who carries the Davis Vision Exclusive Frame Collection.
- Call the network provider of your choice and schedule an appointment.
- Identify yourself as a Davis Vision plan participant and U. S. Steel employee or eligible dependent.
- Provide the office with the employee's 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 no claim forms are 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.

How do I locate a network provider?

Please access Davis Vision's website at <u>www.davisvision.com</u> and utilize the "Find a Doctor" feature, or call 1-800-401-2581 to access the Interactive Voice Response (IVR) Unit, which will supply you with the names and addresses of the network providers nearest you.

What about retail locations?

• Davis Vision makes available a number of retail establishments in our provider network. Benefits at retail locations may vary slightly from other locations. However, your value is comparable.

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, except for contact lenses. To request claim forms, please visit the Davis Vision website at <u>www.davisvision.com</u> or call 1-800-401-2581.

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.
- To maximize your benefit value we recommend that all services be obtained from a network provider.

Are there any special services included in my Vision Benefits plan?

- <u>Low Vision Services:</u> A comprehensive low vision evaluation once every five years and low vision aids up to the plan maximum.
- <u>Laser Vision Correction Services:</u> Member, spouse, and dependents 18 and over are entitled to significant savings including 40% to 50% off the national average price of traditional LASIK. For more information or to find a provider call 1-855-502-2020 or visit the Davis Vision website.
- <u>Mail-order Contact Lens Replacement:</u> Replacement contacts (after initial benefit) through www.DavisVisionContacts.com mail-order service ensures easy, convenient, purchasing online and quick, direct shipping to your door. Log on to our member Website for details.
- <u>Eyeglass warranty</u>: A one year unconditional breakage warranty is provided for all eyeglasses completely supplied through the Davis Vision collection and participating retailers.



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What is the benefit for frames?

In-Network:

There is no copayment for a frame from the Fashion selection of "The Collection" available in most network provider offices.

or

A \$60 credit will be applied toward a network provider's own frame.
 For example: If the frame you select costs \$100, your out-of-pocket expense would be only \$40. This is also how your benefit will be administered at participating retailers.

or

 A \$110 credit is available at all Visionworks locations. For example: If the frame you select costs \$160, your out-of-pocket expense would be only \$50. This is also how your benefit will be administered at participating retailers.

Out-of-Network:

- You will be reimbursed up to \$36 for a frame from an out-of-network provider
- For example: You would pay the provider the entire \$100, and the program would pay *you* the out-of-network reimbursement of \$36. Your out-of-pocket expense would be \$64 (\$100 minus \$36).

What is the benefit for contact lenses?

Contact lenses may be selected in lieu of eyeglasses.

- The contact lens fitting and evaluation will be covered in full.
- One pair of standard daily wear contact lenses are covered in full when purchased from a network provider.

or

- A \$75 allowance will be applied toward specialty contact lenses. A \$113 allowance will be applied toward disposable contact lenses.
- Visually required contact lenses will be covered in full with prior approval.

What lenses/coatings are included?

- Plastic or glass single vision, bifocal or trifocal lenses, in any prescription range.
- Post-cataract lenses.
- Polycarbonate lenses for dependent children, monocular patients and patients with prescriptions +/- 6 diopters or greater.
- Scratch-Resistant Coating.

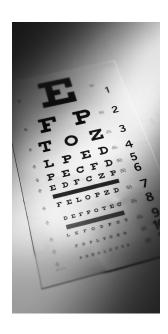
For more information, please visit Davis Vision's website at www.davis-vision.com or call Davis Vision at 1-800-401-2581 to:

- Learn about the Davis Vision company.
- Find participating providers and where to access "The Collection" (which can also be viewed on-line).
- Verify eligibility for yourself or your dependents.
- Print an enrollment confirmation from our website.
- Request an out-of-network provider reimbursement form.
- Speak with a Member Service Representative.
- Ask any questions about your Vision Care benefits.

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.

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



Benefit Every 12 months	In-Network Coverage	Out-of-Network Reimbursement
Eye Examination	Paid-in-full	\$48
Frames (Fashion Selection)	Paid-in-full	\$36
Spectacle lenses (per pair)		
•Single Vision	Paid-in-full	\$36
•Bifocal	Paid-in-full	\$54
•Trifocal	Paid-in-full	\$69
•Lenticular	Paid-in-full	\$108
 Progressive Lenses 	Available with copay (see below)	\$62
Contact Lenses (per dispense)		
 Daily Wear Fitting and Evaluation 	Paid-in-full	\$30
 Extended Wear Fitting and Evaluation 	Paid-in-full	\$45
 Standard daily wear contact lenses 	Paid-in-full	\$72
 Specialty contact lenses 	\$75 credit	\$72
 Disposable contact lenses 	\$113 credit	\$113
•Visually required contact lenses I	Paid-in-full (prior approval required)	\$75
Please Note: Contact longer can be worn by most people. Once the contact long option is selected and the		

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.

Are there any optional frames, lens types or coatings available?

You can pay low, discounted fixed fees indicated and receive these and other exciting optional items:

- \$12 for ultraviolet coating.
- \$35 for standard ARC (anti-reflective coating). Premium ARC is \$48. Ultra ARC is \$60.
- \$50 for standard progressive addition lenses. Premium progressive addition lenses are \$90. Ultra progressive addition lenses are \$140.+
- \$55 for Hi-Index lenses.
- \$65 for Plastic photosensitive lenses.
- \$20 for single vision scratch protection plan. Multifocal scratch protection plan is \$40.

⁺ Progressive addition multifocals can be worn by most people. Conventional bifocals will be supplied at no additional cost for anyone who is unable to adapt to progressive addition lenses; however, the copayment, is not refundable.