

**Designer Vision Plan**

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:

**Eye examination, eyeglasses and contacts will be covered after applicable basic copayment!**

*Frame Collection:* Your plan includes a selection of designer, name brand frames that are completely covered in full.<sup>1</sup>

*Contact Lens Collection:* Select from the most popular contact lenses on the market today with Davis Vision's Contact Lens Collection.<sup>1</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 Open Enrollment section of our Member site at [davisvision.com](http://davisvision.com) and click "Find a Provider" to locate a provider near you including:



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 **1.877.923.2847** and enter Client Code **8107**.

<sup>1</sup> The Davis Vision Collection is available at most participating independent provider locations. Collection is subject to change. Collection is inclusive of select toric and multifocal contacts.

<sup>2</sup> Additional discounts not applicable at Walmart, Sam's Club or Costco locations.

<sup>3</sup> Including, but not limited to toric, multifocal and gas permeable contact lenses.

<sup>4</sup> For dependent children, monocular patients and patients with prescriptions of 6.00 diopters or greater.

<sup>5</sup> Transitions® is a registered trademark of Transitions Optical Inc.

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 or insurance policy will prevail.

| IN-NETWORK BENEFITS  |  |                        |
|--|--|------------------------|
| <b>Eye Examination</b>   | Every 12 months, <b>Covered in full</b> after \$10 copayment   |                        |
| <b>Eyeglasses</b>  |  |                        |
| <b>Spectacle Lenses</b>  | Every 12 months, <b>Covered in full</b><br>For standard single-vision, lined bifocal, or trifocal lenses after \$15 copayment  |                        |
| <b>Frames</b>  | Every 12 months, <b>Covered in full</b><br>Any Fashion or Designer frame from Davis Vision's Collection <sup>1</sup> (value up to \$160)<br>OR<br>\$130 retail allowance toward any frame from provider, plus 20% off balance <sup>2</sup> |                        |
| <b>Contact Lenses</b>  |  |                        |
| <b>Contact Lens Evaluation, Fitting &amp; Follow Up Care</b>   | Every 12 months,<br>Collection Contacts: <b>Covered in full</b> after \$20 copay<br>OR<br>Non Collection Contacts:<br>Standard Contacts: 15% discount <sup>2</sup><br>Specialty Contacts <sup>3</sup> : 15% discount <sup>2</sup>          |                        |
| <b>Contact Lenses (in lieu of eyeglasses)</b>  | Every 12 months, <b>Covered in full</b><br>Any contact lenses from Davis Vision's Contact Lens Collection <sup>1</sup><br>OR<br>\$130 retail allowance toward provider supplied contact lenses, plus 15% off balance <sup>2</sup>          |                        |
| ADDITIONAL DISCOUNTED LENS OPTIONS & COATINGS  |  |                        |
| <b>MOST POPULAR OPTIONS</b><br><small>Savings based on in-network usage and average retail values.</small> | Without Davis Vision   | With Davis Vision      |
| Scratch-Resistant Coating  | \$25   | \$0                    |
| Polycarbonate Lenses   | \$66   | \$0 <sup>4</sup> -\$30 |
| Standard Anti-Reflective (AR) Coating  | \$83   | \$35                   |
| Standard Progressives (no-line bifocal)  | \$198  | \$50                   |
| Photochromic Lenses (i.e. Transitions®, etc.) <sup>5</sup>   | \$110  | \$65                   |

**Lower costs and more benefits! See the savings!**

| Service                    | Without Davis Vision | With Davis Vision |
|----------------------------|----------------------|-------------------|
| Eye Examination            | \$103                | \$10              |
| Lenses                     |                      |                   |
| Bifocals                   | \$116                | \$15              |
| Scratch-Resistant Coating  | \$25                 | \$0               |
| Transitions <sup>®/5</sup> | \$110                | \$65              |
| Frame                      | \$160                | \$0               |
| <b>Total</b>               | <b>\$514</b>         | <b>\$90</b>       |

Savings up to:  
**\$424**

# 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:

- Mail Order Contact Lenses Replacement contacts (after initial benefit) through [DavisVisionContacts.com](http://DavisVisionContacts.com) mail-order service ensures easy, convenient, purchasing online and quick, direct shipping to your door. Log on to our member Web site for details.
- 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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| ADDITIONAL OPTIONS  | WITHOUT DAVIS VISION | WITH DAVIS VISION        |
|---|----------------------|--------------------------|
| <b>FRAMES</b>   |                      |                          |
| Fashion Frame (from the Davis Vision Collection)            | \$100                | \$0                      |
| Designer Frame (from the Davis Vision Collection)           | \$160                | \$0                      |
| Premier Frame (from the Davis Vision Collection)            | \$195                | \$25                     |
| <b>LENSES</b>   |                      |                          |
| <b>All Ranges of Prescriptions and Sizes</b>                | <b>\$90</b>          | <b>\$0</b>               |
| <b>Plastic Lenses</b>                                       | <b>\$78</b>          | <b>\$0</b>               |
| <b>Oversized Lenses</b>                                     | <b>\$20</b>          | <b>\$0</b>               |
| <b>Tinting of Plastic Lenses</b>                            | <b>\$25</b>          | <b>\$0</b>               |
| <b>Scratch-Resistant Coating</b>                            | <b>\$25</b>          | <b>\$0</b>               |
| Polycarbonate Lenses  | \$66                 | \$0 <sup>1</sup> or \$30 |
| Ultraviolet Coating   | \$25                 | \$12                     |
| Standard Anti-Reflective (AR) Coating                       | \$83                 | \$35                     |
| Premium AR Coating  | \$104                | \$48                     |
| Ultra AR Coating  | \$121                | \$60                     |
| Standard Progressive Addition Lenses                        | \$198                | \$50                     |
| Premium Progressives Addition Lenses                        | \$247                | \$90                     |
| Ultra Progressive Addition Lenses                           | \$369                | \$140                    |
| High-Index Lenses   | \$120                | \$55                     |
| Polarized Lenses  | \$103                | \$75                     |
| Photochromic Lenses (i.e. Transitions®, etc.) <sup>2</sup>  | \$110                | \$65                     |
| 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> Transitions® 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

Eye Examination up to \$40 | Frame up to \$50  
 Spectacle Lenses (per pair) up to:  
 Single Vision \$40, Bifocal \$60, Trifocal \$80, Lenticular \$100  
 Elective Contacts up to \$105, Visually Required Contacts up to \$225