

## Designer Vision Plan

Healthy eyes and clear vision are an important part of your overall health and quality of life. With the rising cost of eyewear you can't afford not to be covered through a managed vision care plan. 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>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/Discount Plan section of our Member site at [davisvision.com](http://davisvision.com) and click "Find a Provider" to locate a provider near you including:



## Contact your Benefits or Human Resources department today to enroll.

For more details about the plan, just log on to the Open Enrollment/Discount Plan section of our Member site at [davisvision.com](http://davisvision.com) or call **1.877.923.2847** and enter Client Code **2337**.

<sup>1</sup> The Davis Vision Collection is available at most participating independent provider locations.  
<sup>2</sup> For dependent children, monocular patients and patients with prescriptions of 6.00 diopters or greater.  
<sup>3</sup> Additional discounts not applicable at Walmart or Sam's Club locations.  
<sup>4</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> For standard single-vision, lined bifocal, or trifocal lenses after \$25 copayment
<b>Frames</b>	Every 24 months, <b>Covered in full</b> Any Fashion or Designer frame from Davis Vision's Collection <sup>1</sup> (value up to \$175) OR \$130 retail allowance toward any frame from provider, plus 20% off balance <sup>3</sup>
<b>Contact Lenses</b>	
<b>Contact Lens Evaluation, Fitting &amp; Follow Up Care</b>	Every 12 months, <b>Covered in full</b> Collection Contacts: after \$25 copay OR For Standard Contacts: after \$25 copay OR For Specialty Contacts: \$60 allowance with 15% off balance less \$25 copayment
<b>Contact Lenses (in lieu of eyeglasses)</b>	Every 12 months, <b>Covered in full</b> Any contact lenses from Davis Vision's Contact Lens Collection <sup>1</sup> OR \$150 retail allowance toward provider supplied contact lenses, plus 15% off balance <sup>3</sup>

ADDITIONAL DISCOUNTED LENS OPTIONS & COATINGS		
MOST POPULAR OPTIONS <small>Savings based on in-network usage and average retail values.</small>	Without Davis Vision	With Davis Vision
Scratch-Resistant Coating	\$45	\$0
Polycarbonate Lenses	\$64	\$0 <sup>2</sup> -\$30
Standard Anti-Reflective (AR) Coating	\$62	\$35
Standard Progressives (no-line bifocal)	\$154	\$50
Plastic Photosensitive (Transitions <sup>®/4</sup> )	\$123	\$65

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

Service	Without Davis Vision	With Davis Vision
Eye Examination	\$100	\$10
Lenses		
Bifocals	\$80	\$25
Scratch-Resistant Coating	\$45	\$0
Transitions <sup>®/4</sup>	\$123	\$65
Frame	\$150	\$0
<b>Total</b>	<b>\$498</b>	<b>\$100</b>

Savings up to:  
**\$398**

Employee Contributions	Monthly	Annually
Employee	\$5.20	\$62.40
Employee plus Spouse	\$9.88	\$118.56
Employee plus Child(ren)	\$10.36	\$124.32
Employee plus Family	\$15.94	\$191.28

# 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 through LENS123<sup>®</sup> mail-order contact lens replacement service, saving both time and money.
- 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

For more details about the plan, just log on to the Open Enrollment/Discount Plan section of our Member site at [davisvision.com](http://davisvision.com) or call 1.877.923.2847 and enter Client Code 2337.

ADDITIONAL LENS OPTIONS	WITHOUT DAVIS VISION	WITH DAVIS VISION
All Ranges of Prescriptions and Sizes	\$90	\$0
Plastic Lenses	\$33	\$0
Oversized Lenses	\$20	\$0
Tinting of Plastic Lenses	\$20	\$0
Scratch-Resistant Coating	\$45	\$0
Polycarbonate Lenses	\$64	\$0 <sup>1</sup> or \$30
Ultraviolet Coating	\$28	\$12
Standard Anti-Reflective (AR) Coating	\$62	\$35
Premium AR Coating	\$80	\$48
Ultra AR Coating	\$113	\$60
Intermediate-Vision Lenses	\$150	\$30
Standard Progressive Addition Lenses	\$154	\$0
Premium Progressives (Varilux <sup>®/2</sup> , etc.)	\$248	\$90
High-Index Lenses	\$120	\$55
Polarized Lenses	\$103	\$75
Plastic Photosensitive Lenses	\$123	\$65

<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

## 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 \$45  
 Spectacle Lenses (per pair) up to:  
 Single Vision \$40, Bifocal \$60, Trifocal \$80, Lenticular \$80  
 Elective Contacts up to \$150, Medically Necessary Contacts up to \$210