VISION COVERAGE

Healthy eyes and clear vision are an important part of your overall health and quality of life. Your vision plan through Davis Vision helps you care for your eyes while saving you money⁵. Choose from a national network of independent, private practice doctors or select retail partners in 50 states. Visit www.davisvision.com/Member (client code: 7955) to find providers in your network.

In-Network Benefits				
Eye Examination				
Every 12 months. Covered in full after \$10 copayment				
Eyeglasses (One-year eyeglass breakage warranty is included on plan eyewear)				
Spectacle Lenses (Every 12 months)	 Covered in full after \$10 copayment Clear plastic lenses in any single vision, bifocal, trifocal, or lenticular prescription; tinting; scratch-resistant coating; UV coating; standard and premium ARC; polycarbonate lenses; and standard progressives 			
Frames (Every 12 months)	 Covered in full: Any Fashion, Designer or Premier frame from Davis Vision's Collection¹ (retail value up to \$195) OR \$140 retail allowance toward any frame from provider, plus 20% off balance² OR Receive a FREE frame at Visionworks³ 			
Contact Lenses				
Contact Lens Evaluation, Fitting & Follow Up Care (Every 12 months)	 Collection Contacts: Covered in full after \$10 copay OR Non Collection Contacts Standard & Specialty Contacts⁴: \$60 allowance with 15% off balance² less \$10 copay 			
Contact Lenses – if you do not choose eyeglasses (Every 12 months) ⁴	 Covered in full: Any contact lenses from Davis Vision's Contact Lens Collection up to 4 boxes for Planned Replacement or 8 boxes for Disposables¹			

- 1 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.
- 2 Additional discounts not applicable at Walmart, Sam's Club or Costco locations.
- $3\ The\ free\ frame\ benefit\ is\ available\ at\ all\ Visionworks\ locations\ nationwide\ and\ includes\ all\ frames\ except\ Maui\ Jim\ eyewear.$
- 4 Including, but not limited to toric, multifocal and gas permeable contact lenses.
- 5 Refer to the plan summary for a complete list of lens options and applicable member charges.



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. The out-of-network claim form can be found on the member portion of the website at www.davisvision.com/Member, using client code 7955. Out-of-network claims may also be submitted directly through the Davis Vision Mobile App.

Reimbursement Amount	Claims	
Eye Examination up to \$40, Frame up to \$50	Pay the provider directly for all charges and then submit a claim for	
Spectacle Lenses (per pair) up to: Single Vision \$40	reimbursement to:	
Bifocal \$60, Trifocal \$80, Lenticular \$100	Vision Care Processing Unit	
Elective Contacts up to \$105	P.O. Box 1525	
Visually Required Contacts up to \$225	Latham, NY 12110	

Value-Added Features and Extras

- Mail Order Contact Lenses: Replacement contacts (after initial benefit) through Davis Vision Contacts.com
- Laser Vision Correction: Significant savings with discounts of up to 40-50 percent off the national average price of traditional LASIK. In addition, a one-time/lifetime allowance of \$500 is available. For more information regarding Laser Eye Services, contact Davis Vision at (855) 502-2020
- One Year Breakage Warranty: Repair or replacement of your plan covered spectacle lenses, Collection frame or frame from a Visionworks location where the Collection is not displayed.
- Greater Benefits: By visiting a Visionworks family of store locations you will receive a free frame (excludes Maui Jim brands)
- Additional Savings: At most participating network locations, members receive up to 20% off additional eyeglasses, sunglasses and items not covered by the benefit and 15% off disposable contact lenses.
- Mail Order Contact Lenses: 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 Web site for details.
- Low Vision Services: Comprehensive low vision evaluation once every five years and low vision aids up to the plan maximum.
 Covers up to four follow-up visits in five years.
- Eye Health & Wellness: Log on and learn more about your eyes, health and wellness; common eye conditions that can impair vision; and what you can do to ensure healthy eyes and a healthier life.

Vision Bi-Monthly Rate		_	
Employee Only	\$2.46		
Employee + Spouse	\$4.50		
Employee + Child(ren)	\$4.72		
Employee + Family	\$7.25		