

## 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:

### Paid-in-full eye examinations, eyeglasses and contacts, after applicable copayments!

*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 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 [davisvision.com](http://davisvision.com) or call **1.877.923.2847** and enter Client Code **7631**

<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, Sam's Club or Costco locations..  
<sup>4</sup> Transitions® is a registered trademark of Transitions Optical Inc.  
<sup>5</sup> Allowance is available at all Visionworks store locations.

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 January 1, <b>Covered in full</b> after \$10 copayment	
<b>Eyeglasses</b>		
<b>Spectacle Lenses</b>	Every January 1, <b>Covered in full</b> For standard single-vision, lined bifocal, or trifocal lenses after \$20 copayment	
<b>Frames</b>	Every other January 1, <b>Covered in full</b> Any Fashion or Designer frame from Davis Vision's Collection <sup>1</sup> (value up to \$160) OR \$120 retail allowance toward any frame from provider, plus 20% off balance <sup>3</sup> OR \$170 allowance, plus 20% off balance <sup>3</sup> to go toward any frame from a Visionworks store locations. <sup>5</sup>	
<b>Contact Lenses</b>		
<b>Contact Lens Evaluation, Fitting &amp; Follow Up Care</b>	Every January 1 Collection Contacts: Covered in full  Non Collection Contacts: 15% discount <sup>3</sup>	
<b>Contact Lenses</b>	Every January 1, <b>Covered in full</b> Any contact lenses from Davis Vision's Contact Lens Collection <sup>1</sup>  OR \$120 retail allowance toward provider supplied contact lenses, plus 15% off balance <sup>3</sup>	
ADDITIONAL DISCOUNTED LENS OPTIONS & COATINGS		
<b>MOST POPULAR OPTIONS</b> <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>2</sup> -\$30
Standard Anti-Reflective (AR) Coating	\$83	\$35
Standard Progressives (no-line bifocal)	\$198	\$50
Photochromic Lenses (i.e. Transitions <sup>®</sup> , etc.) <sup>4</sup>	\$110	\$65
<b>Lower costs and more benefits! See the savings!</b>		
Service	Estimated Cost Without Davis Vision	With Davis Vision
Eye Examination	\$103	\$10
Lenses		
Bifocals	\$116	\$20
Scratch-Resistant Coating	\$25	\$0
Transitions <sup>®/5</sup>	\$110	\$65
Frame	\$160	\$0
<b>Total</b>	<b>\$514</b>	<b>\$95</b>
Employee Contributions	Monthly	Annually
Employee	\$3.70	\$44.40
Employee plus Spouse	\$6.71	\$80.52
Employee plus Child(ren)	\$7.11	\$85.32
Employee plus Family	\$10.21	\$122.52

Savings up to:  
**\$419**

# 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 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 Progressives 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 \$45 | Frame up to \$50  
 Spectacle Lenses (per pair) up to:  
 Single Vision \$45, Bifocal \$55, Trifocal \$80, Lenticular \$110  
 Elective Contacts up to \$105, Visually Required Contacts up to \$210