

**Premier Vision Plan (2 Pair Benefit<sup>4/5</sup>)**

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 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 Human Resources department today to enroll.**

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 **7221**.

<sup>1</sup> The Davis Vision Collection is available at most participating independent provider locations.  
<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> Transitions® is a registered trademark of Transitions Optical Inc.  
<sup>5</sup> Members have three options available; two pairs of glasses; one pair of eyeglass & contact lenses; or two dispenses of contacts.

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 \$25 copayment
<b>Frames</b>	Every other January 1, <b>Covered in full</b> Any Fashion, Designer or Premier frame from Davis Vision's Collection <sup>1</sup> (value up to \$195) OR \$150 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 January 1, <b>Covered in full</b> Collection Contacts: after \$25 copayment OR For Standard Contacts: after \$25 copayment OR For Specialty Contacts <sup>3</sup> : \$60 allowance with 15% off balance less \$25 copayment <sup>2</sup>
<b>Contact Lenses (in lieu of eyeglasses)</b>	Every January 1, <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>2</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
Standard Anti-Reflective (AR) Coating	\$83	\$35
Standard Progressives (no-line bifocal)	\$198	\$0
Photochromic Lenses (i.e. Transitions®, etc.) <sup>4</sup>	\$110	\$65

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

<b>Service</b>	<b>Without Davis Vision</b>	<b>With Davis Vision</b>
Eye Examination	\$103	\$10
Lenses		
Bifocals	\$116	\$25
Scratch-Resistant Coating	\$25	\$0
Transitions <sup>4</sup>	\$110	\$65
Frame	\$160	\$0
<b>Total</b>	<b>\$514</b>	<b>\$100</b>

<b>Employee Contributions</b>	<b>Per Pay Period</b>	<b>Monthly</b>
Employee	\$6.29	\$12.58
Employee & Spouse	\$11.33	\$22.66
Employee & Child(ren)	\$11.96	\$23.92
Employee & Family	\$18.89	\$37.78

Savings up to: **\$414**

# 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 LENS OPTIONS	WITHOUT DAVIS VISION	WITH DAVIS VISION
<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>
<b>Polycarbonate Lenses</b>	<b>\$66</b>	<b>\$0</b>
<b>Ultraviolet Coating</b>	<b>\$25</b>	<b>\$0</b>
Standard Anti-Reflective (AR) Coating	\$83	\$35
Premium AR Coating	\$104	\$48
Ultra AR Coating	\$121	\$60
<b>Intermediate-Vision Lenses</b>	<b>\$150</b>	<b>\$0</b>
<b>Standard Progressive Addition Lenses</b>	<b>\$198</b>	<b>\$0</b>
Premium Progressives Addition Lenses	\$247	\$40
Ultra Progressive Addition Lenses	\$369	\$90
High-Index Lenses	\$120	\$55
Polarized Lenses	\$103	\$75
Photochromic Lenses (i.e. Transitions®, etc.) <sup>1</sup>	\$110	\$65

<sup>1</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 \$45  
 Spectacle Lenses (per pair) up to:  
 Single Vision \$40, Bifocal \$60, Trifocal \$80, Lenticular \$80  
 Elective Contacts up to \$105, Medically Necessary Contacts up to \$210