

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.¹

Contact Lens Collection: Select from the most popular contact lenses on the market today with Davis Vision's Contact Lens Collection.¹

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 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 or call **1.877.923.2847** and enter Client Code **7871**.

¹ The Davis Vision Collection is available at most participating independent provider locations.

² Additional discounts not applicable at Walmart or Sam's Club locations.

³ 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

| | |
|--|---|
| Eye Examination | Every 12 months, Covered in full after \$10 copayment |
| Eyeglasses | |
| Spectacle Lenses | Every 12 months, Covered in full For standard single-vision, lined bifocal, or trifocal lenses after \$15 copayment |
| Frames | Every 24 months, Covered in full Any Fashion or Designer frame from Davis Vision's Collection ¹ (value up to \$160) OR \$120 retail allowance toward any frame from provider, plus 20% off balance ² |
| Contact Lenses | |
| Contact Lens Evaluation, Fitting & Follow Up Care | Every 12 months, Covered in full Collection Contacts: after \$35 copayment OR For Standard Contacts: after \$35 copayment |
| Contact Lenses (in lieu of eyeglasses) | Every 12 months Any contact lenses from Davis Vision's Contact Lens Collection ¹ up to: Four boxes/multi-packs of Disposable Two boxes/multi-packs of Planned Replacement OR \$120 retail allowance toward provider supplied contact lenses, plus 15% off balance ² |

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 | \$25 | \$0 |
| Polycarbonate Lenses | \$66 | \$0 |
| Standard Anti-Reflective (AR) Coating | \$83 | \$35 |
| Standard Progressives (no-line bifocal) | \$198 | \$50 |
| Plastic Photosensitive (Transitions ^{®3}) | \$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 ^{®3} | \$110 | \$65 |
| Frame | \$160 | \$0 |
| Total | \$514 | \$90 |

Savings up to:
\$424

| Employee Contributions | Monthly | Annually |
|-------------------------------|----------------|-----------------|
| Employee | \$7.80 | \$93.60 |
| Employee plus One | \$14.08 | \$168.96 |
| Employee plus Family | \$21.89 | \$262.68 |

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

For more details about the plan, just log on to the Open Enrollment section of our Member site at davisvision.com or call 1.877.923.2847 and enter Client Code 7871.

| ADDITIONAL OPTIONS | WITHOUT DAVIS VISION | WITH DAVIS VISION |
|---|----------------------|-------------------|
| FRAMES | | |
| 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 |
| LENSES | | |
| All Ranges of Prescriptions and Sizes | \$90 | \$0 |
| Plastic Lenses | \$78 | \$0 |
| Oversized Lenses | \$20 | \$0 |
| Tinting of Plastic Lenses | \$25 | \$0 |
| Scratch-Resistant Coating | \$25 | \$0 |
| Polycarbonate Lenses | \$66 | \$0 |
| Ultraviolet Coating | \$25 | \$12 |
| Standard Anti-Reflective (AR) Coating | \$83 | \$35 |
| Premium AR Coating | \$104 | \$48 |
| Ultra AR Coating | \$121 | \$60 |
| Intermediate-Vision Lenses | \$150 | \$30 |
| Standard Progressive Addition Lenses | \$198 | \$50 |
| Premium Progressive 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.) ¹ | \$110 | \$65 |
| Scratch Protection Plan (Single vision Multifocal lenses) | | \$20 \$40 |

¹ 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 \$46
 Spectacle Lenses (per pair) up to:
 Single Vision \$40, Bifocal \$60, Trifocal \$80, Lenticular \$78
 Elective Contacts up to \$105, Medically Necessary Contacts up to \$210