



Your Davis Vision Benefits

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.⁴

Contact Lens Collection: Select from the most popular contact lenses on the market today with Davis Vision's Contact Lens Collection.⁴

One-year eyeglass breakage warranty included on plan eyewear at no additional cost!

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.

How to locate a Network Provider...

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 **3862** for the Basic Plan or **3865** for the Premium Plan, and click "Find a Provider".

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.

Lower costs and more benefits! See the savings:

SERVICES	WITHOUT DAVIS VISION	WITH DAVIS VISION	
		Basic Plan (one pair benefit)	Premium Plan (two pair benefit) ²
Eye Examination	\$103	\$0	\$0
Lenses			
Bifocals	\$116	\$25	\$10
Scratch-Resistant Coating	\$25	\$0	\$0
Transitions ^{®/1}	\$110	\$65	\$65
Frame	\$160	\$0	\$0
TOTAL COST	\$514	\$90	\$75
TOTAL SAVINGS		\$424	\$439

During your open enrollment period, please contact your Human Resources department 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 **3862** for the Basic Plan or **3865** for the Premium Plan.

Employee Rates	MONTHLY		ANNUALLY	
	Basic	Premium	Basic	Premium
Employee	\$6.28	\$13.79	\$75.36	\$165.48
Employee plus Spouse	\$8.79	\$19.31	\$105.48	\$231.72
Employee plus Child(ren)	\$9.10	\$20.00	\$109.20	\$240.00
Employee plus Family	\$12.55	\$27.59	\$150.60	\$331.08

^{1/} Transitions[®] is a registered trademark of Transitions Optical Inc.

^{2/} Members have options of either two pair of eyeglasses, one pair of eyeglasses and one dispense of contact lenses, or two dispenses of contact lenses.

Davis Vision has made every effort to correctly summarize your vision plan features herein. 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.

Plan Coverage & Cost Comparison

In-Network Benefits		Basic Plan (one pair benefit)	Premium Plan (two pair benefit)
Frequency (once every)	Eye Examination	12 months	12 months
	Contact Lens Evaluation & Fitting	12 months	12 months
	Frame	24 months	24 months
	Spectacle Lenses	12 months	12 months
	Contact Lenses (in lieu of eyeglasses)	12 months	12 months
Copay	Eye Examination	\$0	\$0
	Contact Lens Evaluation, Fitting & Follow up Care	\$25	\$10
	Spectacle Lenses	\$25	\$10
Frames	Any frame in the provider's office	\$130 allowance Plus 20% off balance ³	\$130 allowance Plus 20% off balance ³
	Visionworks	\$180 allowance Plus 20% off balance ⁶	\$180 allowance Plus 20% off balance ⁶
	Davis Vision's Frame Collection ⁴ (in lieu of Allowance)		
	Fashion frame	\$0	\$0
	Designer frame	\$0	\$0
	Premier frame	\$25	\$25
Spectacle Lenses	Single Vision, Lined Bifocal or Trifocal (Covered in full after Copayment)	\$0	\$0
	Gradient Tint	\$0	\$0
	Solid Tint	\$0	\$0
	Scratch-Resistant Coating	\$0	\$0
	Polycarbonate Lenses	\$0 ⁵ or \$30	\$0
	Ultraviolet Coating	\$12	\$0
	Standard Anti-Reflective (AR) Coating	\$35	\$35
	Premium Plan AR Coating	\$48	\$48
	Ultra AR Coating	\$60	\$60
	Ultimate AR Coating	\$85	\$85
	Standard Progressive Lenses	\$50	\$50
	Premium Plan Progressive Lenses	\$90	\$90
	Ultra Progressive Lenses	\$140	\$140
	Ultimate Progressive Lenses	\$175	\$175
	High-Index Lenses 1.67	\$55	\$55
	High-Index Lenses 1.74	\$120	\$120
	Blue Light Filtering	\$15	\$15
	Trivex Lenses	\$50	\$50
	Polarized Lenses	\$75	\$75
	Photochromic Lenses (i.e. Transitions®, etc.) ¹	\$65	\$65
Scratch Protection Plan (Single Vision Multifocal)	\$20 \$40	\$20 \$40	
Contacts	Contact Lens Evaluation & Fitting		
	- Standard Lens Type	Covered in full	Covered in full
	- Specialty Lens Type	\$60 allowance with 15% off balance ³ less \$25 copay	\$60 allowance with 15% off balance ³ less \$10 copay
	Non-Collection Contact Lenses	\$130 allowance Plus 15% off balance ³	\$130 allowance Plus 15% off balance ³
	Davis Vision's Contact Lens Collection ⁴	\$0 (up to 8 boxes)	\$0 (up to 8 boxes)
	Visually Required (with prior approval)	\$0	\$0
Out-of-Network Reimbursement Schedule			
	Eye Examination	Up to \$40	Up to \$40
	Frames	Up to \$50	Up to \$50
	Spectacle Lenses (Single Vision Bifocal Trifocal Lenticular)	Up to \$40 \$60 \$80 \$100	Up to \$40 \$60 \$80 \$100
	Contact Lenses (Elective Visually Required)	Up to \$105 Up to \$225	Up to \$105 Up to \$225

How to locate a Network Provider...

Just log on to the Open Enrollment section of our Member site and click "Find a Provider" for a provider, including:

³ Some limitations apply to additional discounts, discounts not applicable at all in-network providers.

⁴ Collection is available at most participating independent provider offices. Collection is subject to change. All contact lenses in Collection are single vision spherical lenses.

⁵ Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.

⁶ Enhanced frame allowance available at visionworks locations nationwide.