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.²

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:

---

**IN-NETWORK BENEFITS**

<table>
<thead>
<tr>
<th>Service</th>
<th>Benefit Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Examination</td>
<td>Every 12 months, Covered in full</td>
</tr>
<tr>
<td>Eyeglasses</td>
<td>Every 24 months, Covered in full</td>
</tr>
<tr>
<td></td>
<td>For standard single-vision, lined bifocal, or trifocal</td>
</tr>
<tr>
<td>Spectacle Lenses</td>
<td>Any Fashion or Designer frame from Davis Vision's</td>
</tr>
<tr>
<td></td>
<td>Collection¹ (value up to $160)</td>
</tr>
<tr>
<td></td>
<td>OR</td>
</tr>
<tr>
<td></td>
<td>$130 retail allowance toward any frame from provider,</td>
</tr>
<tr>
<td></td>
<td>plus 20% off balance</td>
</tr>
<tr>
<td>Frames</td>
<td>Every 24 months, Covered in full</td>
</tr>
<tr>
<td></td>
<td>Non Collection Contacts: Covered in full</td>
</tr>
<tr>
<td></td>
<td>OR</td>
</tr>
<tr>
<td></td>
<td>Non Collection Specialty Contacts: 15% discount</td>
</tr>
<tr>
<td>Contact Lenses (in lieu of eyeglasses)</td>
<td>Every 24 months, Covered in full</td>
</tr>
<tr>
<td></td>
<td>OR</td>
</tr>
<tr>
<td></td>
<td>$105 retail allowance toward provider supplied contact lenses, plus 15% off balance</td>
</tr>
<tr>
<td>Contact Lens Evaluation, Fitting &amp; Follow Up Care</td>
<td>Every 24 months, Covered in full</td>
</tr>
<tr>
<td></td>
<td>OR</td>
</tr>
</tbody>
</table>

**ADDITIONAL DISCOUNTED LENS OPTIONS & COATINGS**

<table>
<thead>
<tr>
<th>Lens Option</th>
<th>Without Davis Vision</th>
<th>With Davis Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scratch-Resistant Coating</td>
<td>$25</td>
<td>$0</td>
</tr>
<tr>
<td>Polycarbonate Lenses</td>
<td>$66</td>
<td>$0²-$30</td>
</tr>
<tr>
<td>Standard Anti-Reflective (AR) Coating</td>
<td>$83</td>
<td>$35</td>
</tr>
<tr>
<td>Standard Progressives (no-line bifocal)</td>
<td>$198</td>
<td>$50</td>
</tr>
<tr>
<td>Plastic Photosensitive (Transitions²)</td>
<td>$110</td>
<td>$65</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Service</th>
<th>Without Davis Vision</th>
<th>With Davis Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Examination</td>
<td>$103</td>
<td>$0</td>
</tr>
<tr>
<td>Lenses</td>
<td>$116</td>
<td>$0</td>
</tr>
<tr>
<td>Bifocals</td>
<td>$25</td>
<td>$0</td>
</tr>
<tr>
<td>Transitions²</td>
<td>$110</td>
<td>$65</td>
</tr>
<tr>
<td>Frame</td>
<td>$160</td>
<td>$0</td>
</tr>
<tr>
<td>Total</td>
<td>$514</td>
<td>$85</td>
</tr>
</tbody>
</table>

---

¹ The Davis Vision Collection is available at most participating independent provider locations. Collection is subject to change. Collection is inclusive of select single-vision, lined bifocal, and trifocal lenses.
² For dependent children, monocular patients and patients with prescriptions of 6.00 diopters or greater.
³ Transitions² is a registered trademark of Transitions Optical Inc.
⁴ Including, but not limited to, single-vision, bifocal, and multifocal contact lenses.

Davis Vision has made every effort to correctly summarize your vision plan features. In the event of a conflict between this summary and your organization's contract with Davis Vision, the terms of the contract or insurance policy will prevail.

For more details about the plan, just log on to the Open Enrollment section of our Member site at [davisvision.com](http://davisvision.com) and enter Client Code 2446 or call 1.877.923.2847.

---

OE00521 2/18/15
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 and enter Client Code 2446 or call 1.877.923.2847.

<table>
<thead>
<tr>
<th>ADDITIONAL LENS OPTIONS</th>
<th>WITHOUT DAVIS VISION</th>
<th>WITH DAVIS VISION</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Ranges of Prescriptions and Sizes</td>
<td>$90</td>
<td>$0</td>
</tr>
<tr>
<td>Plastic Lenses</td>
<td>$33</td>
<td>$0</td>
</tr>
<tr>
<td>Oversized Lenses</td>
<td>$20</td>
<td>$0</td>
</tr>
<tr>
<td>Tinting of Plastic Lenses</td>
<td>$20</td>
<td>$0</td>
</tr>
<tr>
<td>Scratch-Resistant Coating</td>
<td>$45</td>
<td>$0</td>
</tr>
<tr>
<td>Polycarbonate Lenses</td>
<td>$64</td>
<td>$0* or $30</td>
</tr>
<tr>
<td>Ultraviolet Coating</td>
<td>$28</td>
<td>$12</td>
</tr>
<tr>
<td>Standard Anti-Reflective (AR) Coating</td>
<td>$62</td>
<td>$35</td>
</tr>
<tr>
<td>Premium AR Coating</td>
<td>$80</td>
<td>$48</td>
</tr>
<tr>
<td>Ultra AR Coating</td>
<td>$113</td>
<td>$60</td>
</tr>
<tr>
<td>Intermediate-Vision Lenses</td>
<td>$150</td>
<td>$30</td>
</tr>
<tr>
<td>Standard Progressive Addition Lenses</td>
<td>$154</td>
<td>$50</td>
</tr>
<tr>
<td>Premium Progressives Addition Lenses</td>
<td>$247</td>
<td>$90</td>
</tr>
<tr>
<td>Ultra Progressive Addition Lenses</td>
<td>$369</td>
<td>$140</td>
</tr>
<tr>
<td>High-Index Lenses</td>
<td>$120</td>
<td>$55</td>
</tr>
<tr>
<td>Polarized Lenses</td>
<td>$103</td>
<td>$75</td>
</tr>
<tr>
<td>Plastic Photosensitive Lenses</td>
<td>$123</td>
<td>$65</td>
</tr>
<tr>
<td>Scratch Protection Plan (Single vision</td>
<td>Multifocal lenses)</td>
<td>$20</td>
</tr>
</tbody>
</table>

1 Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions 6.00 diopters or greater.
2 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

<table>
<thead>
<tr>
<th>OUT-OF-NETWORK REIMBURSEMENT SCHEDULE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Examination up to $35</td>
</tr>
<tr>
<td>Frame up to $80</td>
</tr>
<tr>
<td>Spectacles Lenses (per pair) up to</td>
</tr>
<tr>
<td>Single Vision $55, Bifocal $90, Trifocal $105, Lenticular $105</td>
</tr>
<tr>
<td>Elective Contacts up to $105, Medically Necessary Contacts up to $210</td>
</tr>
</tbody>
</table>