

Healthy eyes and clear vision are an important part of your overall health and quality of life. Your vision plan through Davis Vision helps you care for your eyes while saving you money. Choose from a national network of independent, private practice doctors or select retail partners in 50 states.

Visit [www.davisvision.com](http://www.davisvision.com) to find providers in your network.

## In-Network Benefits

Eye Examination	
Every 12 months. Covered in full after \$10 copayment	
Eyeglasses (One-year eyeglass breakage warranty is included on plan eyewear)	
Spectacle Lenses (Every 12 months)	<ul style="list-style-type: none"> <li>Covered in full after \$10 copayment</li> <li>Standard single-vision, lined bifocal, or trifocal lenses</li> </ul>
Frames (Every 12 months)	<ul style="list-style-type: none"> <li>Covered in full: Any Fashion, Designer or Premier frame from Davis Vision's Collection <sup>1</sup> (value up to \$195) <b>OR</b></li> <li>\$140 retail allowance toward any frame from provider, plus 20% off balance <sup>2</sup> <b>OR</b></li> <li>Receive a <b>FREE frame at Visionworks</b> <sup>3</sup></li> </ul>
Contact Lenses	
Contact Lens Evaluation, Fitting & Follow Up Care (Every 12 months)	<ul style="list-style-type: none"> <li>Collection Contacts: Covered in full after \$10 copay <b>OR</b></li> <li>Non Collection Contacts                             <ul style="list-style-type: none"> <li>Standard Contacts: Covered in full after \$10 copay</li> <li>Specialty Contacts <sup>4</sup>: \$60 allowance with 15% off balance <sup>2</sup> less \$10 copay</li> </ul> </li> </ul>
Contact Lenses – if you do not choose eyeglasses (Every 12 months)	<ul style="list-style-type: none"> <li>Covered in full: Any contact lenses from Davis Vision's Contact Lens Collection <sup>1</sup> <b>OR</b></li> <li>\$130 retail allowance toward provider supplied contact lenses, plus 15% off balance <sup>2</sup></li> </ul>

## 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. The out-of-network claim form can be found on the member portion of the website at [www.davisvision.com](http://www.davisvision.com), using client code 7955.

Reimbursement Amount	Claims
Eye Examination up to \$40, Frame up to \$50 Spectacle Lenses (per pair) up to: Single Vision \$40, Bifocal \$60, Trifocal \$80, Lenticular \$100 Elective Contacts up to \$105 Visually Required Contacts up to \$225	Pay the provider directly for all charges and then submit a claim for reimbursement to:  <b>Vision Care Processing Unit</b> P.O. Box 1525 Latham, NY 12110

### Value-Added Features

- Mail Order Contact Lenses** : Replacement contacts (after initial benefit) through [DavisVisionContacts.com](http://DavisVisionContacts.com)
- Laser Vision Correction** : Discounts of up to 25 percent off the provider's fees, or 5 percent off advertised specials, whichever is lower. In addition, a one-time/lifetime allowance of \$500<sup>5</sup> is available. For more information call Davis Vision at (877) 923-2847.

### Mobile App



### Vision Bi-Weekly Rate

Employee Only	\$2.46
Employee + Spouse	\$4.50
Employee + Child(ren)	\$4.72
Employee + Family	\$7.25

<sup>1</sup> The Davis Vision Collection is available at most participating independent provider locations. Collection is subject to change. Collection is inclusive of select toric and multifocal contacts.

<sup>2</sup> Additional discounts not applicable at Walmart, Sam's Club or Costco locations.

<sup>3</sup> The free frame benefit is available at all Visionworks locations nationwide and includes all frames except Maui Jim eyewear.

<sup>4</sup> Including, but not limited to toric, multifocal and gas permeable contact lenses.

<sup>5</sup> Applicable both in- and out-of-network. Additional discounts apply in-network.