



Vision Rates and Benefit Summary

Employee Only Rate	Employee + Family Rate
\$3.16	\$10.75

Benefits	Fashion Vision Plans	Out-of-Network Reimbursements
Frequency <ul style="list-style-type: none"> Eye Examination (including dilation as professionally indicated) Spectacle Lenses Frame Contact Lenses (in lieu of eyeglasses) 	Once every 24 months* Once every 24 months* Once every 24 months Once every 24 months*	
Copayment <ul style="list-style-type: none"> Eye examination (including dilation as professionally indicated) Eyewear 	None None	Up to \$32.00
Frames <ul style="list-style-type: none"> Fashion level frames from “The Collection” Designer level frames from “The Collection” Premier level frames from “The Collection” Retail allowance toward a network provider’s frame 	Included \$20.00 copayment \$40.00 copayment \$60.00	Up to \$30.00
Spectacle Lenses <ul style="list-style-type: none"> Single Vision Bifocal Trifocal Lenticular 	Included Included Included Included	Up to \$25.00 Up to \$36.00 Up to \$46.00 Up to \$72.00
Optional Items <ul style="list-style-type: none"> Fashion, sun or gradient tinted plastic lenses Glass grey #3 prescription lenses Scratch-resistant coating Ultraviolet coating Standard ARC (anti-reflective coating) Premium ARC (anti-reflective coating) Standard progressive addition lenses⁺ Premium progressive addition lenses⁺ Intermediate vision lenses Blended segment lenses Polycarbonate lenses (for adults) High-index (thinner and lighter) lenses Polarized lenses Photogrey Extra (photosensitive) glass lenses Plastic photosensitive lenses <p><i>+Progressive additional multifocals can be worn by most people. Conventional bifocals will be supplied at no additional charge for anyone who is unable to adapt to progressive additional lenses however the copayment will not be refunded.</i></p>	\$15.00 copayment \$15.00 copayment \$20.00 copayment \$15.00 copayment \$40.00 copayment \$55.00 copayment \$65.00 copayment \$105.00 copayment \$30.00 copayment \$20.00 copayment \$35.00 copayment \$60.00 copayment \$75.00 copayment \$20.00 copayment \$70.00 copayment	
Contact Lenses (in lieu of glasses) <ul style="list-style-type: none"> Standard, soft daily wear Standard, hard daily wear Daily wear evaluation and fitting Extended wear evaluation and fitting Medically Necessary contact lenses (prior approval required) Retail allowance toward elective contact lenses (ie disposable) from a network provider’s supply <p><i>Please Note: Contact lenses can be worn by most people. Once the contact lens option is selected and lenses are fitted, they may not be exchanged for eyeglasses.</i></p>	Included Included Included Included Included \$75.00	Up to \$48.00 Up to \$48.00 Up to \$20.00 Up to \$30.00 Up to \$225.00 Up to &75.00

* If you choose an out-of-network provider, you must pay the provider directly for all charges and then submit a claim for reimbursement.

What lenses/coatings are included?

- Plastic or glass single vision, bifocal or trifocal lenses, in any prescription range.
- Oversize lenses.
- Post-cataract lenses.
- Polycarbonate lenses for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.

Information about Laser Vision Correction Services:

Davis Vision is pleased to provide you and your eligible dependents with the opportunity to receive Laser Vision Correction Services at significant discounts through a network of experienced, credentialed surgeons (please note that some providers have flat fees equivalent to these discounts). For more information, please visit our website at www.davisvision.com or call **1-800-999-5431**.

Information about Low Vision Services:

You and your covered dependents are entitled to a comprehensive low vision evaluation once every five years and low vision aids up to the plan maximum. Up to four follow-up care visits will be covered during the five year period.

Information about Mail Orders Contact Lenses:

Free membership and access to a mail order replacement contact lens service, Lens 123, providing a fast and convenient way to purchase replacement contact lenses at significant savings. For more information, please call 1-800-LENS-123 (1-800-536-7123) or visit the Lens 123 website at www.Lens123.com.

Warranty Information:

A one year unconditional breakage warranty is provided for all eyeglasses completely supplied by Davis Vision.

This is a summary of the vision benefits. Please refer to the group contract for complete benefit information. Should the information provided in this summary differ from the information contained in the group contract, the terms of the group contract shall govern.