

Your Davis Vision Plan 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.

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/Discount Plan section of our Member site at www.davisvision.com and enter client control code 4796 for the Gold Option and client control code 4795 for the Silver Option, and click "Find a Provider" or call Collateral Educator Services at 1-866-322-2244 or visit aeabenefits.com.

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:

- Replacement contacts through Lens 123![®] mail-order contact lens replacement service, saving both time and money.
- 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	
		Gold Vision Plan	Silver Vision Plan
Eye Examination	\$100	\$10	\$10
Lenses			
Bifocals	\$80	\$10	\$10
Scratch-Resistant Coating	\$45	\$0	\$0
Transitions ^{®1}	\$123	\$70	\$70
Frame	\$150	\$0	\$0
TOTAL COST	\$498	\$90	\$90
TOTAL SAVINGS		\$408	\$408

**To enroll please call
1-866-322-2244**

For more details about the plan, just log on to the Open Enrollment/Discount Plan section of our member site at www.davisvision.com and enter Client Code 4796 for Gold Vision Plan or 4795 for Silver Vision Plan.

Employee Rates	GOLD	SILVER
	Monthly	Monthly
Employee	\$6.64	\$6.04
Employee plus Spouse	\$11.95	\$10.87
Employee plus Family	\$18.59	\$16.91

¹ Transitions[®] is a registered trademark of Transitions Optical Inc.

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		Davis Vision Plan	
		Gold Vision Plan	Silver Vision Plan
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	\$10	\$10
	Contact Lens Evaluation, Fitting & Follow up Care	15% discount ¹	15% discount ¹
	Spectacle Lenses	\$10	\$10
Frames	Any frame in the provider's office	20% off balance over \$130 allowance ²	20% off balance over \$100 allowance ²
	Davis Vision's Frame Collection ³ (in lieu of Allowance)		
	Fashion frame	\$0	\$0
	Designer frame	\$15	\$15
	Premier frame	\$40	\$40
Spectacle Lenses	Single Vision, Lined Bifocal or Trifocal	\$0	\$0
	Glass Lenses	\$0	\$0
	Gradient Tint	\$15	\$15
	Solid Tint	\$15	\$15
	Scratch-Resistant Coating	\$0	\$0
	Polycarbonate Lenses	\$0 or \$35 ³	\$0 or \$35 ³
	Ultraviolet Coating	\$15	\$15
	Standard Anti-Reflective (AR) Coating	\$40	\$40
	Premium AR Coating	\$55	\$55
	Ultra AR Coating	\$69	\$69
	Standard Progressive Lenses	\$65	\$65
	Premium Progressives	\$105	\$105
	High Index Lenses	\$60	\$60
	Polarized Lenses	\$75	\$75
	Photochromic Glass Lenses	\$20	\$20
Plastic Photosensitive Lenses	\$70	\$70	
Scratch Protection Plan (Single Vision Multifocal)	\$20 \$40	\$20 \$40	
Contacts	Contact Lens Evaluation & Fitting		
	- Standard Lens Type	15% discount ¹	15% discount ¹
	- Specialty Lens Type	15% discount ¹	15% discount ¹
	Non-Collection Contact Lenses	15% off balance over \$130 allowance ²	15% off balance over \$100 allowance ²
	Medically Necessary (with prior approval)	\$0	\$0
Out-of-Network Reimbursement Schedule			
	Eye Examination	Up to \$30	Up to \$30
	Frames	Up to \$30	Up to \$30
	Spectacle Lenses (Single Vision Bifocal Trifocal Lenticular)	Up to \$25 \$35 \$45 \$60	Up to \$25 \$35 \$45 \$60
	Contact Lenses (Elective Medically Necessary)	Up to \$75 Up to \$225	Up to \$75 Up to \$225

How to locate a Network Provider...

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¹At Walmart or Sam's Club locations, members will receive the full allowances toward Walmart's/Sam's Club everyday low prices. Additional discounts not applicable.

²Collection is available at most participating independent provider offices. Collection is subject to change. All contact lenses in Collection are single vision spherical lenses.

³Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.