



Active Employees

idealChoiceSM 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, after copay, 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./1

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/Discount Plan section of our Member site at davisvision.com and click "Find a Provider" to locate a provider near you including:



Walmart

Sam's Club Eye Mart Express



Contact your HR Specialist today to enroll.

For more details about the plan, just log on to the Open Enrollment/Discount Plan section of our Member site at davisvision.com and enter Client Code 2471 or call 1.800.448.9372

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

	Active Employees			
IN-NETWORK BENEFITS				
Eye Examination	Once every calendar year beginning January 1, Covered in full, after \$10 copayment			
Eyeglasses				
Spectacle Lenses	Once every calendar year beginning January 1, Covered in full			
	For standard single-vision, lined bifocal, or trifocal lenses			
Frames	Once every calendar year beginning January 1, Covered in full			
	Any Fashion or Designer frame from Davis Vision's Collection ^{/1} (value up to \$175)			
Tramos	OR			
	\$130 retail allowance toward any frame from provider, plus 20% off balance/3			
Contact Lenses				
Contact Lenses (in lieu of eyeglasses)	Once every calendar year beginning January 1, Covered in full			
	Any contact lenses from Davis Vision's Contact Lens Collection ^{/1}			
	OR			
	\$150 retail allowance toward Non Collection Contact lenses, plus 15% off balance ³			
Contact Lens Evaluation, Fitting & Follow Up Care	Once every calendar year beginning January 1,			
	Davis Vision Collection Contacts: Covered in full Non Collection Standard or Specialty Contacts: 15% discount ¹³			

ADDITIONAL DISCOUNTED LENS OPTIONS & COATINGS

MOST POPULAR OPTIONS Savings based on in-network usage and average retail values.	Without Davis Vision	With Davis Vision
Scratch-Resistant Coating	\$45	\$0
Polycarbonate Lenses	\$64	\$0'2-\$40
Standard Anti-Reflective (AR) Coating	\$62	\$40
Standard Progressives (no-line bifocal)	\$154	\$65
Plastic Photosensitive (Transitions®4)	\$123	\$90

\$7.01

\$10.38

\$168.12

\$249.00

Lower costs and more benefits! See the saving					
Without Davis Vision	With Davis Vision				
\$100	\$10				
\$80	\$0				
\$45	\$0				
\$123	\$90				
\$150	\$0				
\$498	\$100				
Bi-weekly	Annually				
\$3.92	\$94.08				
\$7.01	\$168.12				
	### Without Davis Vision \$100 \$80 \$45 \$123 \$150 \$498 ### Bi-weekly \$3.92				

Employee plus Child(ren)

Employee plus Family

^{1/} The Davis Vision Collection is available at most participating independent provider locations. The Davis Vision Contact Lens Collection includes select torics and multifocals.

For dependent children, monocular patients and patients with prescriptions of 6.00 diopters or greater
Additional discounts not applicable at Walmart or Sam's Club locations.

^{4/} Transitions® is a registered trademark of Transitions Optical Inc.

Davis Vision plans offer....

Value for our Members

A comprehensive benefit ensuring low out-ofpocket 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:

- Replacement contacts through LENS123[®]
 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.

Eye Health Connection ProgramSM

The Eye Health ConnectionSM Program provides enhanced services and benefits to members with the top four diseases relating to serious vision loss and blindness − cataracts, diabetes, macular degeneration or glaucoma. Members can subscribe to informational and educational e-mails via the Davis Vision Website. Members flagged as having one of the four specified conditions are entitled to receive one additional eye examination during the benefit cycle.

Contact Info

For more details about the plan, just log on to the Open Enrollment/Discount Plan section of our Member site at davisvision.com and enter Client Code 2471 or call 1.800.448.9372.

ADDITIONAL LENS OPTIONS	WITHOUT DAVIS VISION	WITH DAVIS VISION
All Ranges of Prescriptions and Sizes	\$90	\$0
Plastic Lenses	\$33	\$0
Oversized Lenses	\$20	\$0
Tinting of Plastic Lenses	\$20	\$10
Scratch-Resistant Coating	\$45	\$0
Polycarbonate Lenses	\$64	\$0 ^{/1} or \$40
Ultraviolet Coating	\$28	\$15
Standard Anti-Reflective (AR) Coating	\$62	\$40
Premium AR Coating	\$80	\$60
Ultra AR Coating	\$113	\$85
Intermediate-Vision Lenses	\$150	\$90
Standard Progressive Addition Lenses	\$154	\$65
Select Progressive Addition Lenses	\$300	\$85
Premium Progressives (Varilux®/2, etc.)	\$248	\$105
Ultra Progressive Addition Lenses	\$657	\$195
High-Index Lenses	\$120	\$80
Polarized Lenses	\$103	\$85
Plastic Photosensitive Lenses	\$123	\$90
Scratch Protection Plan (Single vision Multifocal lenses)		\$30 \$50

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

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

OUT-OF-NETWORK REIMBURSEMENT SCHEDULE

Eye Examination up to \$45 | Frame up to \$50 Spectacle Lenses (per pair) up to: Single Vision \$50, Bifocal \$60, Trifocal \$80, Lenticular \$80, Progressive \$80 Elective Contacts up to \$150, Medically Necessary Contacts up to \$210

^{2/} Varilux® is a registered trademark of Societe Essilor International