

Fashion Vision Plan

Healthy eyes and clear vision are an important part of your overall health and quality of life. Your vision plan helps you care for your eyes while saving you money by offering:

Paid-in-full eye examinations and eyeglasses!

Frame Collection: Your plan includes a selection of designer, name brand frames that are completely covered in full.³

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:



With Questions - Contact your Union Benefits Representative.

For more details about the plan, just log on to the Open Enrollment section of our Member site at davisvision.com or call 1.800.282.8975 and enter Client Code 3711.

¹ Children under the age of 19 with progressive myopia will be entitled to an examination and new lenses with a prescription change once every 12 months.
² Type 1 diabetics may receive an annual dilated fundus eye examination (12 months must pass since the last exam) and spectacle lenses only, with a prescription change. You are required to provide a letter of certification from your internist or primary care physician in advance of receiving services.
³ 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.
⁴ Additional discounts not applicable at Walmart, Sam's Club or Costco locations.
⁵ Including, but not limited to toric, multifocal and gas permeable contact lenses.
⁶ For dependent children, monocular patients and patients with prescriptions of 6.00 diopters or greater.
⁷ Transitions® is a registered trademark of Transitions Optical Inc.
 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 shall prevail.

IN-NETWORK BENEFITS	
Eye Examination ^{1/2}	Every Other January 1, Covered in full after \$5 copayment
Eyeglasses	
Spectacle Lenses ^{1/2}	Every Other January 1, Covered in full For standard single-vision, lined bifocal, or trifocal lenses after \$7.50 copayment
Frames	Every Other January 1, Covered in full Any Fashion frame from Davis Vision's Collection ³ (value up to \$100) OR \$38 retail allowance toward any frame from provider, plus 20% off balance ⁴
Contact Lenses	
Contact Lens Evaluation, Fitting & Follow Up Care	Every Other January 1, Standard Contacts: 15% discount ⁴ Specialty Contacts ⁵ : 15% discount ⁴
Contact Lenses (in lieu of eyeglasses)	Every Other January 1, after \$7.50 copayment \$90 retail allowance toward provider supplied contact lenses, plus 15% off balance ⁴

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	\$25	\$0
Polycarbonate Lenses	\$66	\$0 ⁶ -\$30
Standard Anti-Reflective (AR) Coating	\$83	\$33
Standard Progressives (no-line bifocal)	\$198	\$80
Photochromic Lenses (i.e. Transitions ⁷ , etc.) ⁷	\$110	\$70

Lower costs and more benefits! See the savings!

Service	Without Davis Vision	With Davis Vision
Eye Examination	\$103	\$5
Lenses		
Bifocals	\$116	\$7.50
Scratch-Resistant Coating	\$25	\$0
Transitions ⁷	\$110	\$70
Frame	\$160	\$0
Total	\$514	\$82.50

Savings up to:
\$431.50

Davis Vision plans offer...

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.

Medical Referral

While eligible and following your routine eye examination, if you are referred to an affiliated ophthalmologist for consultation by your network provider, the Plan will cover your medical examination. Only the ophthalmologist charge for the examination is covered; additional tests and procedures required as part of the ophthalmologist exam are not covered. The consultation must occur within 60 days of the referral.

Progressive Myopia (rapidly changing nearsighted vision): Yearly visual screening with a \$5 copayment and new lenses, subject to a \$7.50 copayment with a prescription change of a -.50 diopter or more for dependent children up to their 19th birthday. A letter from the ophthalmologist/optometrist indicating Progressive Myopia must be submitted with the claim form.

Type 1 Diabetics: Insulin-dependent diabetics (Type 1) will be eligible for exam every January 1 after last eligible exam covered by vision plan with a \$5 copayment. If the exam reveals a prescription change of .50 diopter or more and/or 10 degrees of axis change or more, new lenses will be provided with a \$7.50 copayment according to vision benefits provided by the plan annually. Eligible persons must present a letter from a medical physician stating the person has been diagnosed a Type 1 diabetic. A new letter will be required for files each time this benefit is used.

Please Note: Eye exams only covered after acquiring three (3) full years of seniority. Full benefits as detailed on this document begin after acquiring five (5) full years of seniority.

ADDITIONAL OPTIONS	WITHOUT DAVIS VISION	WITH DAVIS VISION
FRAMES		
Fashion Frame (from the Davis Vision Collection)	\$100	\$0
Designer Frame (from the Davis Vision Collection)	\$160	\$10
Premier Frame (from the Davis Vision Collection)	\$195	\$25
LENSES		
All Ranges of Prescriptions and Sizes	\$90	\$0
Plastic Lenses	\$78	\$0
Oversized Lenses	\$20	\$0
Tinting of Plastic Lenses	\$25	\$0
Scratch-Resistant Coating	\$25	\$0
Polycarbonate Lenses	\$66	\$0 ¹ or \$30
Ultraviolet Coating	\$25	\$10
Standard Anti-Reflective (AR) Coating	\$83	\$33
Premium AR Coating	\$104	\$55
Ultra AR Coating	\$121	\$69
Intermediate-Vision Lenses	\$150	\$30
Standard Progressive Addition Lenses	\$198	\$80
Premium Progressives Addition Lenses	\$247	\$105
Ultra Progressive Addition Lenses	\$369	\$140
High-Index Lenses	\$120	\$55
Polarized Lenses	\$103	\$60
Photochromic Lenses (i.e. Transitions®, etc.) ²	\$110	\$70

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

REPRESENTED-OUT-OF-NETWORK REIMBURSEMENT SCHEDULE
Eye Examination up to \$0 Frame up to \$15 Spectacle Lenses (per pair) up to: Single Vision \$15, Bifocal \$22, Trifocal \$26, Lenticular \$60 Elective Contacts up to \$38, Medically Necessary Contacts up to \$103
REPRESENTED-OUT-OF-AREA REIMBURSEMENT SCHEDULE
Eye Examination up to \$39 Frame up to \$38 Spectacle Lenses (per pair) up to: Single Vision \$38, Bifocal \$38, Trifocal \$55 Elective Contacts up to \$55, Medically Necessary Contacts up to \$148