

## Welcome to Davis Vision!

We are pleased to provide you with information on your vision benefit to help you care for your vision and eye health - a key part of overall health and wellness!

If you are not currently enrolled, please visit our member site at [davisvision.com](http://davisvision.com) or call 1.877.923.2847 and enter client code 7363 to locate providers or for additional information.

**Using your benefits is easy!** Just log on to our Member site at [davisvision.com](http://davisvision.com) and click "Find a Provider," or call us at 1.800.999.5431.

**Make an appointment.** Tell your provider your vision insurance uses Davis Vision through the Morgan White Group. Provide your member ID number, name and date of birth, and do the same for your covered dependents seeking vision services. Your provider will take care of the rest!

## Your Davis Vision Designer Plan Benefits



Benefit	Frequency Once every -	In-network Copay	In-network Coverage
Eye Examination	12 months	\$10	After copay, covered in full. <i>Includes dilation when professionally indicated.</i>
Retinal Imaging	12 months	\$39	
Spectacle Lenses	12 months	\$20	Clear glass or plastic lenses in any single vision, bifocal, trifocal or lenticular prescription. After copay, covered in full (See below for additional lens options and coatings.)
Frame	24 months	\$0	<p><b>Covered in Full Frames:</b> Any Fashion or Designer level frame from Davis Vision's Collection<sup>2</sup> (retail value, up to \$160).</p> <p><b>OR, Frame Allowance:</b> \$130 toward any frame from provider plus 20% off any balance.<sup>1</sup> No copay required.</p> <p><b>OR, Visionworks Frame Allowance:</b> \$180 allowance plus 20% off any balance toward any frame from a Visionworks family of store locations.<sup>5</sup> No copay required.</p>
Contact Lens Evaluation, Fitting & Follow Up Care	12 months	\$20	<p><b>Standard, Soft Contacts:</b> After Copay, covered in full.</p> <p><b>Specialty Contacts<sup>3</sup>:</b> \$60 allowance less copay plus 15% off balance<sup>4</sup>.</p> <p><b>Davis Vision Collection Contacts:</b> After copay, covered in full.</p>
Contact Lenses (in lieu of eyeglasses)	12 months	\$0	<p><b>Covered in Full Contacts:</b> From Davis Vision's Collection<sup>2</sup>, up to: Planned Replacement Disposable Two boxes/multi-packs* Four boxes/multi-packs*</p> <p><b>OR, Contact Lens Allowance:</b> \$130 allowance toward any contacts from provider's supply plus 15% off balance.<sup>1</sup> No copay required.</p> <p><b>OR, Visually Required Contacts:</b> Covered in full with prior approval.</p> <p>*Number of contact lens boxes may vary based on manufacturer's packaging.</p>

### Potential savings on optional, lens types and coatings!

	Member Price
Davis Vision Collection Frames: Fashion   Designer   Premier .....	\$0   \$0   \$25
Tinting of Plastic Lenses or Glass Grey #3 Lenses .....	\$0
Oversize Lenses .....	\$0
Scratch Protection .....	\$0
Ultraviolet Coating .....	\$12
Anti-Reflective Coating: Standard   Premium   Ultra .....	\$35   \$48   \$60
Polycarbonate Lenses .....	\$0 <sup>4</sup> -\$30
High-index Lenses .....	\$55
Progressive Lenses: Standard   Premium   Ultra .....	\$50   \$90   \$140
Polarized Lenses .....	\$75
Photosensitive Lenses: Plastic   Glass .....	\$65   \$20
Intermediate Lenses .....	\$30
Blended Segment Lenses .....	\$20
Scratch Protection Plan: Single Vision   Multifocal Lenses .....	\$20   \$40

<sup>1</sup> Additional discounts not applicable at Walmart, Sam's Club or Costco locations.

<sup>2</sup> The Davis Vision Collection is available at most participating independent provider locations.

<sup>3</sup> Including, but not limited to toric, multifocal and gas permeable contact lenses.

<sup>4</sup> For dependent children, monocular patients and patients with prescriptions of +/- 6.00 diopters or greater.

<sup>5</sup> Enhanced frame allowance available at all Visionworks Locations nationwide. Excludes Maui Jim eyewear.

Please note: Your provider reserves the right to not dispense materials until all applicable member costs, fees and copayments have been collected. Contact lenses: Routine eye examinations do not include professional services for contact lens evaluations. Any applicable fees are the responsibility of the member. If contact lenses are selected and fitted, they may not be exchanged for eyeglasses. Progressive lenses: If you are unable to adapt to progressive addition lenses you have purchased, conventional bifocals will be supplied at no additional cost; however, your copayment is nonrefundable. May not be combined with other discounts or offers.

## Frequently Asked Questions

### How can I contact Member Services?

Call 1.800.999.5431 for automated help 24/7. Live help is also available seven days a week: Monday-Friday, 8 a.m.-11 p.m. | Saturday, 9 a.m.-4 p.m. | Sunday, 12 p.m.-4 p.m. (Eastern Time). (TTY services: 1.800.523.2847.)

### What frames are in Davis Vision's Collection?

Our Collection offers a selection of fashionable and designer frames, most of which are covered in full. Log on to our member Web site at [davisvision.com](http://davisvision.com) and take a look!

### When will I receive my eyewear?

Your eyewear will be delivered to your network provider generally within five business days of order receipt. Special prescriptions, lens coatings, provider frames or out-of-stock frames may delay the standard turnaround time.

### Do I need a claim form?

Claim forms are only required if you visit an out-of-network provider. Claim forms are available on our member Web site.

### Can I split my benefits?

You may split your benefits by receiving your eye examination, spectacle lenses and a frame or contact lenses on different dates or through different provider locations. To maximize your benefit value we recommend that all services be obtained from a network provider.

### Can I use an out-of-network provider?

Yes; however, you receive the greatest value by staying in-network. If you go out-of-network, pay the provider at the time of service, then submit a claim to Davis Vision for reimbursement, up to the following amounts: eye exam - \$40 | single vision lenses - \$40 | bifocal - \$60 | trifocal - \$80 | lenticular - \$60 | frame - \$50 | elective contacts - \$105 | visually required contacts - \$210.

### Are there any exclusions to the vision benefits?

Your vision plan does not cover medical treatment of eye disease or injury; vision therapy; special lens designs or coatings, other than those described herein; replacement of lost eyewear; non-prescription (plano) lenses; contact lenses and eyeglasses in the same benefit cycle; services not performed by licensed personnel; two pair of eyeglasses in lieu of bifocals. Review your Policy/Certificate for a full description of your benefits and any exclusions and limitations.

## DAVIS VISION EXTRAS!

**One Year Breakage Warranty** Repair or replacement of your plan covered spectacle lenses, Collection frame or frame from a network retail location where the Collection is not displayed.

**Greater Benefits** Access a higher frame allowance by visiting a Visionworks family of store locations<sup>7</sup>.

**Additional Savings** Members will receive 50% off of additional complete pairs of eyeglasses and sunglasses at Visionworks and 30% off at other participating providers on the same transaction. Otherwise, a 20% discount off the provider's usual and customary rate is available. Contact lenses are available at a 10% discount.<sup>6</sup>

**Mail Order Contact Lenses** Replacement contacts (after initial benefit) through [www.DavisVisionContacts.com](http://www.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** Davis Vision provides you and your eligible dependents with the opportunity to receive discounted laser vision correction, often referred to as LASIK. For more information, visit [www.davisvision.com](http://www.davisvision.com).

**Low Vision Services** Comprehensive low vision evaluation once every five years and low vision aids up to the plan maximum. Covers up to four follow-up visits in five years.

**Eye Health & Wellness** Log on and learn more about your eyes, health and wellness; common eye conditions that can impair vision; and what you can do to ensure healthy eyes and a healthier life.

### For a complete copy of your Rights and Responsibilities...

as a Patient or to obtain a copy of Davis Vision's Privacy Practices Notices, please visit Davis Vision's website at [www.davisvision.com](http://www.davisvision.com) or call 1.800.999.5431.

*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 will prevail. Read your Policy/Certificate carefully.*

<sup>6</sup>Additional discounts not applicable at Walmart locations. Discounts are not insurance and are only available from Davis Vision providers and may not be available in all areas.

<sup>7</sup>Enhanced frame allowance available at all Visionworks Locations nationwide Excludes Maui Jim eyewear.

Davis Vision coverage is underwritten by HM Life Insurance Company, Pittsburgh, PA, under policy form series HM902-VIS or similar, in all states except New York. In New York, coverage is underwritten by HM Life Insurance Company of New York, New York, NY, under policy form series HM 902-VIS or similar. The coverage or service requested may not be available in all states and is subject to individual state approval.