



DAVIS VISION CARE PROGRAM

The Davis Vision Care Plan offers eligible UUP-represented employees and eligible dependents quality eye care services through a nationwide network of highly qualified optometrists. Davis Vision is a unionized company; employees are represented by United Optical Workers, Local #408 IUE/CWA, and AFL-CIO.

Davis Vision Enhancements

The UUP Benefit Trust Fund has negotiated significant enhancements to the Davis Vision Eyeglass Plan and Contact Lens Plan:

- Eyeglass Plan—eligible UUP-represented employees and eligible dependents can purchase upgraded eyeglass lenses at discounted rates (*see Enhanced Eyeglass Plan*).
- Contact Lens Plan—eligible UUP-represented employees and eligible dependents can purchase contact lenses from Davis Vision's Enhanced Contact Lens Collection at a reduced copayment of \$25. When you select from the enhanced collection your contact lens evaluation, fitting and follow-up care is covered as part of the \$25 copay (*see Davis Vision Enhanced Contact Lenses Collection*).

Davis Vision Providers

Eligible UUP-represented employees and eligible dependents will receive the maximum benefit from the Vision Care Plan when utilizing an in-network provider. A list of in-network providers is available by calling Davis Vision Customer Service 1-800-999-5431 or at www.davisvision.com.

How to Use the Benefit

Visit the network provider of your choice and identify yourself as an eligible UUP-represented employee or an eligible dependent. Provide the provider with the eligible UUP-represented employee ID number. The provider's office will contact Davis Vision and verify eligibility for services. No claim forms are required.

What the Plan Provides

Every 12 months (based on the last date of service), eligible UUP-represented employees and eligible dependents are entitled to: (1) a comprehensive eye examination that includes glaucoma testing and dilation when professionally indicated, and (2) one pair of eye-glasses (prescription lenses and frames) **or** the benefit may be applied toward contact lenses (*see Davis Vision Care Plan Summary of In-Network Benefits*).

Each eligible UUP-represented employee and each eligible dependent can only receive one pair of eyeglasses and one eye examination per every 12-month period.
Lenses and Frames

<i>Davis Vision Enhanced Eyeglass Plan</i>	Copay
Premium AR Coating <ul style="list-style-type: none"> Offers reduced internal and external reflections. Lenses are easy to clean, safer and more impact resistant than standard AR lenses. 	\$15
Ultra AR Coating <ul style="list-style-type: none"> Offers the best in anti-reflective lenses, including visual clarity and the virtual elimination of reflections and glare. Easy to clean, they repel water, dirt and fingerprints, and they provide improved scratch resistance and enhanced UV protection. 	\$27
Ultra/Digital Progressive <ul style="list-style-type: none"> Offers exceptional comfort with highly accurate lenses, custom designed to the wearer's prescription. They provide enhanced visual clarity with high definition material and premium anti-reflective properties. 	\$50
High-Index Lenses <ul style="list-style-type: none"> Are comprised of a dense material, resulting in thinner and lighter lenses than those produced from plastic. High-index lenses are especially useful to those with strong prescriptions, creating eyeglasses that are comfortable to wear without the awkward look of thick lenses. 	\$55
Polarized Lenses <ul style="list-style-type: none"> Are used in sunglasses and provide wearers with a filter to eliminate the horizontal glare experienced from reflective surfaces, such as water or the road's surface. Polarized lenses can also be worn indoors to protect light-sensitive individuals from light exposure. These lenses are recommended for patients with eye conditions such as cataracts and age-related macular degeneration. 	\$60
Plastic Photochromic Lenses <ul style="list-style-type: none"> Are light-sensitive and darken when they are exposed to ultraviolet rays. The most common brand is called transitions adaptive lenses. Generic versions are called "photochromic" or "photosensitive" lenses. These lenses provide the wearer protection from harmful effects of the sun. 	\$70

Davis Vision Enhanced Contact Lens Collection*

TYPE	FREQUENCY	BRAND	MANUFACTURER
Planned Replacement Includes 2 boxes	Planned Replacement	Biofinity®	CooperVision®
	Planned Replacement	Frequency® Aspheric	CooperVision®
Disposable Includes 4 boxes	2 Week	ACUVUE® 2	Vistakon®
	2 Week	ACUVUE OASYS®	Vistakon®
	Daily	Clear Sight™ 1-Day	CooperVision®
	Daily	1-Day ACUVUE MOIST®	Vistakon®
	Toric (2 Week)	ACUVUE® OASYS® for ASTIGMATISM	Vistakon®
	Toric (2 Week)	Biomedics® Toric	CooperVision®
	Medical (2 Week)	ACUVUE® OASYS® for PRESBYOPIA	Vistakon®

****\$25 copayment for all contact lenses from the Davis Vision Enhanced Contact Lens Collection.
Contact lens evaluation, fitting and follow-up are all covered by the \$25 copayment.***

<p align="center"><i>Davis Vision Care Plan Summary of In-Network Benefits</i></p>	<p align="center">Cost to Employee</p>
<p>Eye examination (once every 12 months)</p> <ul style="list-style-type: none"> Inclusive of dilation when professionally indicated 	<p align="center">None</p>
<p>Spectacle lenses (once every 12 months)</p> <ul style="list-style-type: none"> All ranges of prescriptions and sizes Choice of glass or plastic lenses Oversize lenses Fashion and gradient tinting Glass-Grey #3 prescription sunglass lenses Polycarbonate lenses Scratch protection Ultraviolet coating Standard anti-reflective AR coating Standard progressive lenses Premium progressive lenses Blended segment lenses 	<p align="center">None</p>
<p>Davis Vision frame collection (once every 12 months) **</p> <ul style="list-style-type: none"> Fashion, Designer and Premier levels 	<p align="center">None</p>
<p>Davis Vision Premium Contact Lenses Collection – in lieu of eyeglasses</p> <ul style="list-style-type: none"> Once every 12 months Includes evaluation, fitting and follow-up 	<p align="center">None</p>
<p>Photochromic lenses</p> <ul style="list-style-type: none"> Single vision Multi-focal 	<p align="center">\$13 \$22</p>
<p>Non-Collection</p> <ul style="list-style-type: none"> Toric contact lenses (covered up to \$150), in lieu of eyeglasses (does not include evaluation, fitting and follow-up) Standard contact lenses (covered up to \$25), in lieu of eyeglasses (does not include evaluation, fitting and follow-up). 	<p align="center">< \$150 <\$25</p>
<p>Visually required contact lenses</p> <ul style="list-style-type: none"> Needs prior approval With prior approval, will be covered in full 	<p align="center">None</p>

****Any frame from the Davis Vision frame collection is covered in full. At an Empire Visionsworks and Davis Visionworks, the allowance for the frame outside the collection will be \$149.95. When choosing outside the frame collection, an allowance of \$14 will be applied to any other frame received at a participating provider.**

For Vision Care Plan prescription lenses and frames there are no copayments or deductibles. Eligible UUP-represented employees and eligible dependents may select enhancements for a nominal copay.



Contact Lenses

Disposable or planned replacement lenses may be selected from an in-network provider in lieu of prescription lenses and frames. The Vision Care Plan mandates specific requirements regarding contact lenses including complete patient training in insertion, removal, care, and wearing time of contact lenses by the doctor or professional staff. Once the contact lens option is selected and the lenses are fitted, the contacts may not be exchanged for eyeglasses.

Splitting the Vision Benefit

Eligible UUP-represented employees and eligible dependents may split the benefit by receiving an eye examination and eyeglasses (or contact lenses) on different dates or through different provider locations. However, complete eyeglasses must be obtained at one time from one provider. To maximize the benefits, it is recommended that all services be obtained from a network provider.

Warranty

Davis Vision provides a one-year eyeglass breakage warranty at no additional cost. All plan eyeglasses come with a breakage warranty for repair or replacement of the frame and/or lenses for a period of one year from the date of delivery. The warranty applies to all plan covered eyeglasses.

Out-of-Network Providers

If an out-of-network provider is selected, the eligible UUP-represented employee must pay the provider directly for all charges and submit a claim for reimbursement to Vision Care Processing Unit, PO Box 1525, Latham, NY 12110. The out-of-network reimbursement is \$10 per exam and \$35 for material (frames and lenses) or contacts.

Davis Vision Website

The Davis Vision website allows access to a wide scope of services. Go to www.davisvision.com and enter the appropriate identifying information.

Laser Vision Program

Davis Vision offers eligible UUP-represented employees and eligible dependents the opportunity to receive Laser Vision Correction Services at significant discounts through a network of credentialed surgeons. By using the laser vision program in-network providers, eligible UUP-represented employees and eligible dependents will save up to 25% on the provider's regular rate or 5% off any advertised rate. For more information, go to www.davisvision.com or call 800-584-2866 and enter client code 7512.

Important: The Benefit Trust Fund has negotiated a \$200 per eye reimbursement for eligible UUP-represented employees and eligible dependents whether a participating or a non-participating provider is utilized. The eligible UUP-represented employee must pay the provider directly for all charges and submit a claim within 180 days of the date of service to Davis Vision, Laser Correction Claims Processing, PO Box 1620, Latham, NY 12110. Claim forms can be accessed at www.davisvision.com or by calling Davis Vision Customer Service at 1-800-999-5431.

Mail Order Contact Lenses

Replacement contacts (after initial benefit) can be purchased through www.davisvisioncontacts.com.

Davis Vision Care Plan Exclusions

Davis Vision coverage is typically limited to routine eye examinations and eyewear and there are no applicable pre-existing condition exclusions. Covered expenses will not include, and no payment will be made for, expenses incurred for:

- Medical treatment of eye disease or injury
- Visual therapy
- Special lenses or coatings other than those described in this summary (e.g., pinnacle lenses)
- Replacement of lost/stolen eyewear
- Non-prescription (Plano) lenses
- Two pairs of eyeglasses in lieu of bifocals
- Services not performed by licensed personnel
- Prosthetic devices and services
- Materials and services not specified
- Insurance of contact lenses

