



**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 2467 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 you are a Davis Vision member with coverage through 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!

**Designer Plan ! 'DfYa ]yf 'Benefits**



Benefit	Frequency Once every -	In-network Copay	In-network Coverage
<b>Eye Examination</b>	12 months	\$10	Covered in full. <i>Includes dilation when professionally indicated.</i>
<b>Spectacle Lenses</b>	12 months	\$20	Clear plastic lenses in any single vision, bifocal, trifocal or lenticular prescription. (See below for additional lens options and coatings.)
<b>Frame</b>	12 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 \$175).</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>
<b>Contact Lens Evaluation, Fitting &amp; Follow Up Care</b>	12 months	\$20	<p><b>Davis Vision Collection Contacts:</b> After copay, covered in full.</p> <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>1</sup>.</p>
<b>Contact Lenses (in lieu of eyeglasses)</b>	12 months	\$0	<p><b>Covered in Full Contacts:</b> From Davis Vision's Collection<sup>2</sup>, up to: Planned Replacement Two boxes/multi-packs Disposable 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, Medically Necessary Contacts:</b> Covered in full with prior approval.</p>

**Significant savings on optional frames, lens types and coatings!**

**Member Price**

Davis Vision Collection Frames: Fashion   Designer   Premier .....	\$0   \$0   \$25
Tinting of Plastic Lenses .....	\$0
Oversize Lenses .....	\$0
Scratch-Resistant Coating .....	\$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 .....	\$50   \$90
Polarized Lenses .....	\$75
Photosensitive Lenses: Plastic   Glass .....	\$65   \$20
Intermediate-Vision Lenses .....	\$30
Blended Segment Lenses .....	\$20
Scratch Protection Plan: Single Vision   Multifocal Lenses .....	\$20   \$40

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

*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 above the evaluation and fitting allowance 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. Please be advised these lens options and copayments apply to in-network benefits.*

## 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 great selection of fashionable and designer frames, most of which are covered in full. No wonder 8 out of 10 members select a Collection frame. 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 and eyeglasses 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 - \$30 | single vision lenses - \$25 | bifocal - \$35 | trifocal - \$45 | lenticular - \$60 | frame - \$30 | elective contacts - \$75 | medically necessary contacts - \$225.

### 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.

## 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.

**Additional Savings** At most participating network locations, members receive up to 20% off additional eyeglasses, sunglasses and items not covered by the benefit and 10% off disposable contact lenses.<sup>5</sup>

**Mail Order Contact Lenses** Free membership in LENS123®, our mail order contact lens program with the lowest prices guaranteed on replacement contacts (once your benefit is exhausted). Log on to our member Web site for details.

**Laser Vision Correction** Up to 25% discount off participating provider's U&C or 5% off advertised special (whichever is lower). Log on to our member Web site for details and to locate a provider.

**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 more details...** about your vision benefits, patient rights and responsibilities, or more information about Davis Vision, please log on to our member Web site or contact us at 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.*

<sup>5</sup>Additional discounts not applicable at Walmart or Sam's Club locations.

Fully insured plan Underwritten by HM Life Insurance Company. Administered by Davis Vision, which may operate as Davis Vision Insurance Administrators in California.