



**Davis Vision Plan *Fashion Full Feature* Program
Benefit Illustration**

Plan Features:

| | | |
|-------------------|-----------|-----|
| Copayment: | Exam | \$0 |
| | Materials | \$0 |

Benefit Details

| | In-network | Out-of-network |
|--|--|------------------------------|
| Eye Exams | Covered in Full after Copay | \$ 30.00 Maximum after Copay |
| Frequency: Every 12 Months | | |
| Lenses | | |
| Frequency: Every 12 Months | | |
| Single Vision | Covered in Full after Copay | \$ 25.00 Maximum after Copay |
| Lined Bifocal | Covered in Full after Copay | \$ 35.00 Maximum after Copay |
| Lined Trifocal | Covered in Full after Copay | \$ 45.00 Maximum after Copay |
| Lenticular | Covered in Full after Copay | \$ 60.00 Maximum after Copay |
| Contact Lenses* | | |
| Frequency: Every 12 Months | | |
| Medically Necessary | Covered in Full after Copay | \$225.00 Maximum after Copay |
| Elective (Elective & Conventional or Planned Replacement & Disposable) | \$60.00** | \$45.00 Maximum |
| Evaluation and Fitting | 15% of UCR | No Discounts |
| Frames | | |
| Frequency: Every 24 Months | | |
| Fashion Frames | \$60.00 Retail Allowance* | \$ 30.00 Maximum after Copay |
| Extras | | |
| Cosmetic Extras | Avg, 40 -60% off retail price | No Discounts |
| Laser Correction Surgery Discount | Up to 25% off the Usual Charge or 5% off Promotional Price | No Discounts |

*If you choose contact lenses, you will not be eligible to receive lenses for 12 months and a frame for 24 months following the date contacts were obtained.

* Frames from Davis' Fashion collection are covered in full in excess of this plan's materials copay. Frames from Davis' Designer Collection are covered in full in excess of a \$15 copay applied in addition to the plan's materials copay. Frames from Davis' Premier collection are covered in full in excess of a \$40 copay applied in addition to the plan's materials copay.

* Frames from a Davis network provider that are not in the collections are covered up to the plan's retail allowance in excess of the plan's materials copay with a 20% discount on the amount over the \$60 allowance for frames.

** In-network elective contact lenses are covered up to the plan's retail allowance in excess of the plan's materials copay with a 15% discount on the amount over \$60 for contact lenses.

Important Information: This policy provides vision care limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. Coverage is limited to those charges that are necessary for a routine vision examination. Co-pays apply. The plan does not pay for: orthoptics or vision training and any associated supplemental testing; medical or surgical treatment of the eye; and eye examination or corrective eyewear required by an employer as a condition of employment; replacement of lenses and frames that are furnished under this plan, which are lost or broken (except at normal intervals when services are otherwise available or a warranty exists). The plan limits benefits for blended lenses, oversized lenses, photochromic lenses, tinted lenses, progressive multifocal lenses, coated or laminated lenses, a frame that exceeds plan allowance, cosmetic lenses; U-V protected lenses and optional cosmetic processes. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract #GP-1-DAVIS-05-VIS et al.

This handout is for illustrative purposes. You will receive benefit booklets when your enrollment application is processed. If there is a discrepancy between this handout and your benefit booklet, the benefit booklet prevails.