

Designer 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, eyeglasses and contacts!

Frame Collection: Your plan includes a selection of designer, name brand frames that are completely covered in full./1

Contact Lens Collection: Select from the most popular contact lenses on the market today with Davis Vision's Contact Lens Collection./1

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:



Visionworks

Headquartered in San Antonio

Walmart

Sam's Club

Eyemart Express

Contact your Human Resources department today to enroll.

For more details about the plan, just log on to the Open Enrollment section of our Member site at davisvision.com or call 1.877.923.2847 and enter Client Code 3152

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 will prevail.



Northside ISD

SA SA				
IN-NETWORK BENEFITS				
Eye Examination	Once per calendar year, Covered in full after \$10 copayment			
Eyeglasses				
	Once per calendar year, Covered in full			
Spectacle Lenses	For standard single-vision, lined bifocal, or trifocal lenses after \$10 copayment			
Frames	Once per calendar year, Covered in full			
	Any Fashion or Designer frame from Davis Vision's			
	Collection ^{/1} (value up to \$175)			
	OR \$120 retail allowance toward any frame from provider, plus 20% off balance/2			
	OR			
	\$170 allowance, plus 20% off balance/3 to go toward any frame from a Visionworks family of store locations./4			
Contact Lenses				
	Once per calendar year			
Contact Lens	Collection Contacts: Covered in full			
Evaluation, Fitting & Follow Up Care				
	Non Collection Contacts: 15% discount ²			
	Once per calendar yea	ar. Covered in fu	ıll	
Contact Lenses	Any contact lenses from Davis Vision's Contact Lens Collection ^{/1}			
(in lieu of eyeglasses)	OR			
	\$120 retail allowance toward provider supplied contact lenses, plus 15% off balance/2			
ADDITIONAL DISCOUNTED LENS OPTIONS & COATINGS				
MOST POPULAR Of Savings based on in-network usage		Without	With	

MOST POPULAR OPTIONS	Without	With
Savings based on in-network usage and average retail values.	Davis Vision	Davis Vision
Scratch-Resistant Coating	\$45	\$0
Polycarbonate Lenses	\$64	\$0
Standard Anti-Reflective (AR) Coating	\$62	\$35
Standard Progressives (no-line bifocal)	\$154	\$50
Plastic Photosensitive (Transitions®/3)	\$123	\$65

\$11.38

\$14.22

\$15.67

\$136.56

\$170.64

\$188.04

Lower costs and more benefits! See the savings!

Lower costs and more benefits: See the savi				
Service	Without Davis Vision	With Davis Vision		
Eye Examination	\$100	\$10		
Lenses				
Bifocals	\$80	\$10		
Scratch-Resistant Coating	\$40	\$0		
Transitions ^{®/3}	\$123	\$65		
Frame	\$150	\$0		
Total	\$493	\$85		
Employee Contributions	Monthly	Annually		
Employee	\$5.69	\$68.28		

Employee plus Spouse

Employee plus Child(ren) Employee plus Family

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

Additional discounts not applicable at Walmart or Sam's Club locations.

[&]quot;Transitions® is a registered trademark of Transitions Optical Inc.

"Allowance is available at these Visionworks family of store locations: Davis Vision, Empire Vision Centers, Total Vision
Care, EyeMasters, Cambridge Eye Doctors, Vision World, Dr. Bizer's Vision World, Eye Dr, Dr. Bizer's Valu Vision, Doctor's Valu Vision, Hour Eves, Visionworks,

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:

- Replacement contacts through LENS123® mail-order contact lens replacement service, saving both time and money.
- Laser Vision Correction discounts of up to 25% off the provider's Usual & Customary fees, or 5% off advertised specials, whichever is lower.

Contact Info

For more details about the plan, just log on to the Open Enrollment section of our Member site at davisvision.com or call 1.877.923.2847 and enter Client Code 3152. Member service representatives are available Monday - Friday, 7AM - 10PM, Saturday, 8AM- 3PM, and Sunday, 11AM- 3PM, Central Time.

ADDITIONAL OPTIONS	WITHOUT DAVIS VISION	WITH DAVIS VISION
FRAMES		
Fashion Frame (from the Davis Vision Collection)	\$125	\$0
Designer Frame (from the Davis Vision Collection)	\$175	\$0
Premier Frame (from the Davis Vision Collection)	\$225	\$25
LENSES		
All Ranges of Prescriptions and Sizes	\$90	\$0
Plastic Lenses	\$33	\$0
Oversized Lenses	\$20	\$0
Tinting of Plastic Lenses	\$20	\$0
Scratch-Resistant Coating	\$40	\$0
Polycarbonate Lenses	\$64	\$0
Ultraviolet Coating	\$28	\$0
Standard Anti-Reflective (AR) Coating	\$62	\$35
Premium AR Coating	\$80	\$48
Ultra AR Coating	\$113	\$60
Intermediate-Vision Lenses	\$150	\$30
Standard Progressive Addition Lenses	\$154	\$50
Premium Progressives (Varilux®/1, etc.)	\$248	\$90
High-Index Lenses	\$120	\$55
Polarized Lenses	\$103	\$75
Plastic Photosensitive Lenses	\$123	\$65
Scratch Protection Plan (Single vision Multifocal lenses)		\$20 \$40

^{1/} Varilux® is a registered trademark of Societe Essilor International

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

OUT-OF-NETWORK REIMBURSEMENT SCHEDULE

Eye Examination up to \$45 | Frame up to \$85

Spectacle Lenses (per pair) up to:

Single Vision \$50, Bifocal/Progressive Lenses \$60, Trifocal \$80, Lenticular \$100

Elective Contacts up to \$80, Medically Necessary Contacts up to \$250