



SEE LIFE

Vision Care Plan Benefit Description Full Benefit

Sponsored by, and administered on behalf of the members and dependents of

DELPHI

Please call Davis Vision at **1-888-463-9370** with questions or visit our website: www.davisvision.com

Delphi Corporation is pleased to provide this information about your vision care plan administered by Davis Vision, Inc., a leading national administrator of vision care programs. Eligibility for vision care benefits for Delphi employees is determined by Delphi Corporation vision care program.¹

How do I receive services from a provider in the network?

- Call the network provider of your choice and schedule an appointment.
- Identify yourself as a Davis Vision and Delphi Corporation member or dependent.
- Provide the office with the member ID number and the name and date of birth of any covered dependent needing services.

It's that easy! The provider's office will verify your eligibility for services, and claim forms or ID cards are not required!

Who are the network providers?

They are licensed providers in both private practice and retail locations who are extensively reviewed and credentialed to ensure that stringent standards for quality service are maintained. Please access Davis Vision's website at www.davisvision.com and utilize the "Find a Doctor" feature, or call **1-888-463-9370** to access the Interactive Voice Response (IVR) Unit, which will supply you with the names and addresses of the network providers nearest you.

What are the plan benefits, frequencies and costs?

EYE EXAMINATIONS	Every calendar year, including dilation as professionally indicated.
In-Network Copayment	\$0
Out-of-Network*	Reimbursed up to \$37

EYEGASSES**

Frame	Every other calendar year
Spectacle Lenses	Every calendar year
In-Network Copayment	\$0

You may choose any Fashion level frame from Davis Vision's Frame Collection, covered in full. Or, if you select another frame in the network provider's office, a \$60 credit will be applied. This credit would also apply at retail locations that do not carry the Frame Collection. Members are responsible for the amount over \$60. For more information on lenses, please see "What lenses/coatings are included?"

Out-of-Network*	Reimbursed up to \$24 for frames, up to \$30 for single vision lenses, up to \$50 for bifocals, up to \$50 for trifocals, up to \$90 for lenticular (post-cataract) lenses.
------------------------------	---

CONTACT LENSES	Every calendar year
In-Network Copayment	\$0

In lieu of eyeglasses, you may select contact lenses, members may use their \$80 credit to go toward the provider's own supply of contact lenses, evaluation, fitting and follow-up care. This credit would also apply towards all contact lenses received at participating retail locations.

Medically necessary contact lenses will be covered in full with prior approval.

Out-of-Network*	Reimbursed up to \$65 for elective contact lenses, up to \$170 for medically necessary contact lenses with prior approval.
------------------------------	--

Please note: Contact lenses can be worn by most people. Once the contact lens option is selected and the lenses are fitted, they may not be exchanged for eyeglasses. Routine eye examinations do not include professional services for contact lens evaluations. Any applicable fees are the responsibility of the patient.

** Schedule for employees living within 25 miles of a network provider. This schedule may be changed from time to time. Eye examinations received from an out-of-network Ophthalmologist will be reimbursed based on reasonable and customary fees, less a \$7 copayment.*

*** If the Refractive Surgery benefit is utilized, material benefits will be exhausted for four (4) calendar years.*

What lenses/coatings are included?

- Plastic or glass single vision, bifocal or trifocal lenses, in any prescription range.
- Glass grey #3 prescription lenses.
- Post-cataract lenses.
- Fashion, sun or gradient tinted plastic lenses.
- Polycarbonate lenses for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.
- Scratch-resistant coating.

Are there any optional frames, lens types or coatings available?

Yes, you can pay the low, discounted fixed fees indicated and receive these exciting optional items:

- \$10 for a Designer frame from the "Collection".
- \$25 for a Premier frame from the "Collection".
- \$30 for polycarbonate lenses.
- \$35 for standard ARC (anti-reflective coating). Premium ARC is \$48. Ultra ARC is \$60.
- \$75 for polarized lenses.
- \$65 for plastic photosensitive lenses.
- \$55 for high-index (thinner and lighter) lenses.
- \$20 for single vision scratch protection plan. Multifocal scratch protection plan is \$40.
- \$20 for glass photochromic lenses.
- \$20 for blended invisible bifocals.
- \$30 for intermediate vision lenses.
- \$10 for oversize lenses.
- \$12 for ultraviolet (UV) coating.
- \$50 for standard progressive addition multifocal lenses. Premium progressive addition multifocals are \$90.***

**** Progressive addition multifocals can be worn by most people. Conventional bifocals will be supplied at no additional cost for anyone who is unable to adapt to progressive addition lenses; however, the copayment will not be refunded.*

When will I receive my eyewear?

Your eyewear will be sent to your provider from the laboratory generally within two to five business days. More delivery time may be needed when out-of-stock frames, ARC (anti-reflective coating), specialized prescriptions or non "Collection" frames are selected.

May I use the benefit at different times?

To maintain continuity of care, we recommend that all services be obtained at one time from either a network or an out-of-network provider.

What about out-of-network provider 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 1490
Latham, NY 12110**

Only one claim per service may be submitted for reimbursement each benefit cycle. To request claim forms, please visit the Davis Vision website at www.davisvision.com or call 1-888-463-9370.

Employees living more than 25 miles from a network provider:

Reimbursement will be provided based on reasonable and customary fees. A \$7 copayment for an eye examination and \$10 material copayment for frames, lenses or combined frame and lenses will be applied against your maximum reimbursement. The frame allowance is \$16 and the cosmetic contact lens allowance is \$80. Claim forms are available by calling 1-888-463-9370.

Warranty Information:

One-year eyeglass breakage warranty included 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, i.e. spectacle lenses, Davis Vision Collection frames and national retailer frames (where our exclusive Collection is not displayed).

Mail Order Contact Lenses:



Free membership and access to a mail order replacement contact lens service, LENS123®, providing a fast and convenient way to purchase replacement contact lenses at significant savings. For more information, please call 1-800-LENS-123 (1-800-536-7123) or visit the LENS123® website at www.LENS123.com.

Information about Refractive Eye Surgery Benefit:

Your benefit provides you and your eligible dependents coverage for Refractive Eye Surgery Benefits. A discount of up to 25% off fees for Refractive Eye Surgery may be available from participating network providers (please check with Davis Vision to confirm if the services you are getting are included in the discounted arrangement). Additionally a reimbursement of up to \$295 per eligible family member is available.

Please note that if you file for reimbursement under the Refractive Eye Surgery benefit, you will be ineligible for your material benefits (frame and spectacle lenses or contact lenses) for that calendar year and three (3) subsequent calendar years. Eye examinations are still covered during this time. For more information or to locate network providers, please visit our website at www.davisvision.com or call 1-888-463-9370.

Are there any exclusions?

The following items are not covered by this vision program:

- Medical treatment of eye disease or injury.
- Vision therapy.
- Special lens designs or coatings, other than those previously described.
- Replacement of lost eyewear.
- Non-prescription (plano) lenses.
- Two pairs of eyeglasses in lieu of a bifocal.
- Routine and Refractive services in the same calendar year.
- Contact lenses and a frame during the same calendar year.

For more information, please visit Davis Vision's website at www.davisvision.com or call Davis Vision at 1-888-463-9370 to:

- Access the Interactive Voice Response Unit which will provide network providers nearest you.
- Verify eligibility for yourself or a family member or print an Enrollment Confirmation from our website.
- Request an out-of-network provider reimbursement form.
- Speak with a Member Service Representative.
- Ask any questions about your Vision Care benefits.

Member Service Representatives are available:

- Monday through Friday, 8:00 AM to 11:00 PM, Eastern Time,
- Saturday, 9:00 AM to 4:00 PM Eastern Time; and
- Sunday, 12:00 PM to 4:00 PM Eastern Time.

Participants who use a TTY (Teletypewriter) because of a hearing or speech disability may access TTY services by calling 1-800-523-2847. After normal business hours, a "hotline" is available by calling 1-800-283-9374.

¹ *Delphi Corporation reserves the right to amend, modify, suspend or terminate any of its benefits plans or programs by the action of the Board of Directors, or individual or other committee expressly authorized by the Board to take such action. The benefits for which an employee is eligible are determined solely by the provisions of the applicable benefit program. Absent an express delegation of authority from the Board of Directors, no one has the authority to commit the Corporation to any benefit or benefit provisions not provided for under the applicable benefit program, or to change the eligibility criteria or any other provisions of such program.*

Delphi Corporation has also reserved the right to construe and interpret these benefit programs. Each benefit program also has an appeal procedure which serves as the exclusive manner for resolution of all disputes concerning the interpretation or application of the program. The decision on appeal is final and binding.

Your rights as a patient:

Davis Vision recognizes that all patients have specific rights, including, but not limited to:

- The right to complete information about their healthcare options and consequences.
- The right to participate in all treatment decisions.
- The right to dignity, privacy, confidentiality and non-discrimination.
- The right to complain or appeal any decision.

Patients also have the responsibility:

- To provide complete and accurate information.
- To follow care instructions.

For a complete copy of *Your Rights and Responsibilities As a Patient*, please visit Davis Vision's website at: www.davisvision.com or call 1-800-463-9370.

"All insured products are underwritten by either HM Life Insurance Company or HM Life Insurance Company of New York."