

Vision Network	Out of Area
<p>Out of Network</p> <p>If you choose to receive covered vision services from a non-participating provider, you will be required to pay the provider directly and file your own claim with Davis Vision. Davis Vision will reimburse you directly based on the national fee schedule. There is one exception - your reimbursement for a vision exam provided by a non-participating ophthalmologist will be based on the reasonable and customary charge as established by the carrier, minus a \$7 co-pay.</p>	<p>If you live more than 25 miles from a participating provider and choose to receive covered services from a non-participating provider, then your reimbursement will be based on reasonable and customary charges as determined by the carrier, minus a \$7 co-payment for exams and a \$10 combined co-payment for lenses and frames.</p>
<p>Covered Services <i>Services¹ that qualify for benefit payments</i></p> <ul style="list-style-type: none"> • Vision examination, including refraction, case history, coordinating measurements, and tests • Examination by an ophthalmologist, upon referral by an optometrist, within 60 days of a vision examination by the optometrist • Prescription of glasses • Scratch Resistant Coating 	<ul style="list-style-type: none"> • Material and professional services connected with the order, preparation, fitting, and adjusting of: • Normal size lenses (single vision, bifocal, trifocal, lenticular); • Number 1 or 2 tint for lenses; • Contact lenses in lieu of regular lenses; • Up to \$65 (up to \$80 at participating providers) if prescribed for any other reason than those listed below; • When medically necessary due to keratoconus, irregular astigmatism, irregular corneal curvature, or visual acuity which cannot be corrected to 20/70 in the better eye. • Frames
<p>Optional Services <i>Services which participating providers have agreed to limit the amount charged to the enrollee</i></p> <p>Davis Vision Designer Collection Frame (those with a retail values of up to \$160) = \$10.00 Davis Vision Premier Collection Frame (those with a retail values of up to \$195) = \$25.00 Progressive Addition Lenses – Standard = \$50.00 Progressive Addition Lenses – Premium = \$90.00 Progressive Addition Lenses – Ultra = \$140.00 Photochromatic Lenses = \$20.00 Standard Anti-Reflective Coating = \$35.00 Premium Anti-Reflective Coating = \$48.00 Hi-Index Lenses = \$55.00 Polarized Lenses = \$75.00 Polycarbonate Lenses = \$30.00 Plastic Photosensitive Lenses = \$65.00 Ultraviolet Coating = \$12.00 Oversize lenses = \$10.00 Blended Segment Lenses = \$20.00 Intermediate Vision Lenses = \$30.00 Scratch Protection Plan – Single Vision Lenses = \$20.00 Scratch Protection Plan – Multifocal Vision Lenses = \$40.00</p>	

To the extent any of the above information conflicts with the terms and conditions of the Health Care Program for Hourly Employees ("the Program"), the terms of the Program will apply.

Services Not Covered
Services which do not qualify for benefit payments

- Any lenses that do not require a prescription
 - Medical or surgical treatment of the eye
 - Drugs or any other medication
 - Procedures determined to be special or unusual (e.g., orthoptics, vision training)
 - Safety glasses
- Vision examinations, lenses, or frames obtained without cost to you
 - The first pair of glasses following cataract surgery
 - Vision examinations performed and lenses and frames ordered before you became eligible for coverage or after the termination of your coverage

Summary of Vision Coverage

Benefit	Frequency	In Network	Out of Network	Out of Area
VISION EXAM - Optometrist	Once each calendar year	Covered in full	Enrollee reimbursed up to \$37	Enrollee reimbursed based on R&C minus \$7 co-pay
- Ophthalmologist		Covered in full	Enrollee reimbursed based on R&C minus \$7 co-pay	Enrollee reimbursed based on R&C minus \$7 co-pay
FRAMES	Once every two consecutive calendar years	Frames from Davis Vision Fashion Collection (with retail values up to \$90) available at no cost	Enrollee reimbursed up to \$24	Enrollee reimbursed up to \$16 minus \$10 copay ²
LENSES	Once each calendar year	Covered lenses available at no cost	Enrollee reimbursed up to \$30 for single vision lenses up to \$50 for bifocal lenses up to \$50 for trifocal lenses up to \$90 for lenticular lenses	Enrollee reimbursed based on R&C minus \$10 co-pay ²
CONTACT LENSES	Once each calendar year in place of regular lenses	Enrollee pays difference between provider's charge and \$80	Enrollee reimbursed up to \$65 for cosmetic contact lenses Up to \$170 for Medically Necessary Contact Lenses	Enrollee reimbursed up to \$80 minus \$10 co-pay
REFRACTIVE EYE SURGERY⁴	Once every four consecutive calendar years	Enrollee reimbursed up to \$295	Enrollee reimbursed up to \$295	Enrollee reimbursed up to \$295

¹ Services include the following, but are not necessarily limited to this list.

² Excluded services are not necessarily limited to the list provided herein.

³ There is a combined annual copayment of \$10 for lenses and frames.

⁴ Individuals who use the refractive eye surgery benefit cannot utilize their material benefits in any of the 4 consecutive calendar years.