

Vision Benefits for Large Groups Comprehensive Rider

Welcome to your vision plan, powered by 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 or call 1.877.923.2847 and enter client code 3308 to locate providers or for additional information.

DavisVision[™]

Using your benefits is easy!

Just log on to Univerahealthcare.com to access your vision plan details or call us at 1.888.921.1194.

Make an appointment. Tell your provider you are a Univera Healthcare member with coverage through Davis Vision. Provide your member ID number (located on your member card), name and date of birth, and do the same for your covered dependents seeking vision services. Your provider will take care of the rest!

100% OF YOUR CALLS & CLAIMS ARE PROUDLY ADMINISTERED IN THE USA

Your Davis Vision Designer Plan Benefits

| Spectacle Lenses 12 months \$0 Clear plastic lenses in any single vision, bifocal, trifocal (See below for additional lens op (See below for additional lens op Exclusive Co OR, Frame Allowance: \$130 toward balance.\(^1\) No OR, Visionworks Frame Allowance: \$180 allowan frame from a No copay red OR, Vision Collection Contacts: Covered in Full Contacts: \$50 Contact Lens Evaluation, Fitting Follow Up Care Contact Lenses (in lieu of eyeglasses) \$0 Clear plastic lenses in any single vision, bifocal, trifocal (See below for additional lens op Exclusive Co OR, Frame Allowance: \$130 toward balance.\(^1\) No Covered in Full Contacts: Covered in Full Contacts: Planned Replacement Disposable Four boxes/m Four boxes/m OR, Contact Lens Allowance: \$105 allowan supply plus 1 | | | In-network Copay | Frequency Once every - | Benefit |
|--|---|--|---------------------|---------------------------|---------------------|
| Frame 12 months \$0 Covered in Full Frames: Any Fashion Exclusive Co OR, Frame Allowance: \$130 toward balance.\(^1\) No OR, Visionworks Frame Allowance: \$180 allowan frame from a No copay req Contact Lens Evaluation, Fitting & Follow Up Care Davis Vision Collection Contacts: Covered in full Standard, Soft Contacts: 15% Discoun Specialty Contacts: 15% Discoun Specialty Contacts: From Davis No Disposable Four boxes/m Disposable Four boxes/m OR, Contact Lens Allowance: \$105 allowan supply plus 1 | Covered in full. Includes dilation when professionally indicated. | | \$0 | 12 months | Eye Examination |
| Frame 12 months \$0 OR, Frame Allowance: \$130 toward balance.¹¹ No OR, Visionworks Frame Allowance: \$180 allowan frame from a No copay red Contact Lens Evaluation, Fitting & 12 months Follow Up Care Davis Vision Collection Contacts: Covered in full Standard, Soft Contacts: 15% Discount | Clear plastic lenses in any single vision, bifocal, trifocal or lenticular prescription. Covered in full. (See below for additional lens options and coatings.) | | \$0 | 12 months | Spectacle Lenses |
| Evaluation, Fitting & Follow Up Care 12 months \$0 Standard, Soft Contacts: 15% Discound 15% D | or Designer level frame from the llection ^{/2} (retail value, up to \$125). any frame from provider plus 20% off any copay required. Ince plus 20% off any balance toward any Visionworks family of store locations. ^{/5} quired. | OR, Frame Allowance: OR, Visionworks Frame Allowance: | \$0 | 12 months | Frame |
| Contact Lenses (in lieu of eyeglasses) Planned Replacement Disposable Four boxes/n OR, Contact Lens Allowance: \$105 allowance supply plus 1 | nt./1 | Standard, Soft Contacts: | \$0 | 12 months | Evaluation, Fitting |
| *Number of contac | • | Planned Replacement Disposable OR, Contact Lens Allowance: OR, Visually Required Contacts: | \$0 | 12 months | (in lieu of |

Member Price

Tinting of Plastic Lenses.....\$0 Oversize Lenses \$0 Scratch-Resistant Coating.....\$0 Premium Scratch-Resistant Coating\$30 Ultraviolet Coating\$12 Anti-Reflective Coating: Standard | Premium | Ultra | Ultimate\$35 | \$48 | \$60 | \$85 Polycarbonate Lenses\$0'4-\$30 High-Index Lenses: 1.67 | 1.74\$55 | \$120 Progressive Lenses: Standard | Premium | Ultra | Ultimate\$50 | \$90 | \$140 | \$175 Intermediate (Digital) Single Vision Lenses......\$30 Trivex Lenses\$50 Blue Light Filtering\$15

Additional Savings!

Retinal Imaging\$39

- ¹⁷ Some limitations apply to additional discounts, discounts not applicable at all innetwork providers.
- 2' The Exclusive Collection is available at most participating independent provider locations.
- 3/ Including, but not limited to toric, multifocal and gas permeable contact lenses
- For dependent children, monocular patients and patients with prescriptions of +/- 6.00 diopters or greater.
- ^{5'} Enhanced frame allowance available at all Visionworks Locations nationwide.
 ^{6'} Transitions® is a registered trademark of Transitions Optical Inc.

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.

Disclaimer: This document is not a contract. It is only intended to highlight the coverage of this program. Benefits are determined by the terms of the contract. Any inconsistencies between this document and the contract shall be resolved in favor of the contract in effect at the time services are rendered. All benefits are subject to medical necessity. All day and visit limits are combined limits for both in and out of network benefits

Frequently Asked Questions

How can I contact Member Services?

Call 1.888.921.1194 for automated help 24/7.

(TTY services: 1.800.523.2847.)

What frames are in the Exclusive Collection?

Our Collection offers a great selection of fashionable and designer frames, most of which are <u>covered in full</u>. No wonder 8 out of 10 members select a Collection frame. Log on to Member.Univershealthcare.com to access your Davis Vision account

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?

and take a look!

Claim forms are only required if you visit an out-of-network provider. Claim forms are available on Member.Univerahealthcare.com in the vision plan section.

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/progressive - \$35 | trifocal - \$45 | lenticular - \$80 | frame - \$30 | elective contacts - \$75 | visually required 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. See member certificate for full exclusions.

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.

Greater Benefits Access a higher frame allowance by visiting a Visionworks family of store locations⁷.

Additional Savings Members will receive 50% off of additional complete pairs of eyeglasses and sunglasses at Visionworks and 30% off at other participating providers on the same transaction. Otherwise, a 20% discount off the provider's usual and customary rate is available. Contact lenses are available at a 10% discount.

Mail Order Contact Lenses Replacement contacts (after initial benefit) through www.DavisVisionContacts.com mail-order service ensures easy, convenient, purchasing online and quick, direct shipping to your door. Log on to our member Web site for details.

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.

For more details... about your vision benefits, patient rights and responsibilities about Davis Vision or to obtain a copy of Davis Vision's Privacy Practices Notice, please log on to Member.Univerahealthcare.com to access your vision plan details or contact us at 1.888.921.1194.

Univera Healthcare and Davis Vision have made every effort to correctly summarize your vision plan features herein. In the event of a conflict between this information and your member contract, the terms of the contract will prevail.

Davis Vision is an independent company providing vision benefit management services and access to their network.

^{7/} Enhanced frame allowance available at all Visionworks Locations nationwide.

⁸ Some limitations apply to additional discounts, discounts not applicable at all in-network providers