



Vision Care Plan Benefit Summary

| Services | In-Network Coverage | Out-of-Network Reimbursement |
|--|---|--|
| Eye Examinations Member, spouse, children age 19 and overEvery 24 months Children under age 19Every 12 months * Including dilation as professionally indicated. | \$0.00 co-payment | Up to \$32.00 |
| FramesEvery 24 months * Fashion Selection from the exclusive “Tower Collection” in most network provider offices. A \$100.00 credit toward any other frame at a participating provider office. When receiving services from a provider who does not have the collection (such as a participating retail center) the credit will be applied to your purchase. | \$0.00 co-payment for Fashion selection | Up to \$24.00 |
| Spectacle lenses (per pair) Member, spouse, children age 19 and overEvery 24 months Children under age 19Every 12 months *Single Vision *Bifocal *Trifocal *Lenticular Optional lens types, or coatings may be available at discounted fees. | \$0.00 co-payment for standard lenses | up to \$24.00 up to \$36.00 up to \$46.00 up to \$72.00 |
| Contact Lenses (per dispense) Member, spouse, children age 19 and overEvery 24 months Children under age 19Every 12 months * Contact lenses may be selected in lieu of eyeglasses. A \$100.00 credit will be applied toward contact lenses from the provider’s own supply. The fitting/follow-up fees will be covered in full. Medically necessary contact lenses will be covered in full with prior approval. * Medically necessary contact lenses (prior approval required) <i>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.</i> | \$0.00 co-payment member is responsible for any amount over the credit covered in full | Reimbursed up to \$100.00 for cosmetic contact lenses, or up to \$100.00 for medically necessary contact lenses with prior approval. Reimbursed up to \$20.00 for the fitting/follow-up care fees for daily contact lenses, up to \$30.00 for the fitting/follow-up fees for extended wear contact lenses. |

| Monthly Premiums | |
|----------------------|---------|
| Individual | \$ 5.01 |
| Employee/Spouse | \$10.03 |
| Employee/1 Dependent | \$10.03 |
| Employee Children | \$14.06 |
| Family | \$14.06 |

Rates are effective through June 30, 2010.

For more information prior to enrolling, call **1-877-923-2847** (toll free) or visit Davis Vision’s Website at: www.davisvision.com and enter client control code **2518**.

Once enrolled, please call Davis Vision at **1-800-999-5431** with questions or visit Davis Vision’s website: www.davisvision.com

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 plan participant and PCI Insurance member or covered dependent.
 - * Provide the office with the member’s ID number, and the date of birth if a covered dependent is needing services.
- It’s that easy! The provider’s office will verify your eligibility for services, and no claim forms or ID cards are required!

Who are the network providers?

They are licensed providers who are extensively reviewed and credentialed to ensure that stringent standards for quality service are maintained. Please call **1-800-999-5431** to access the Interactive Voice Response (IVR) Unit, which will supply you with the names and addresses of the network providers nearest you, or you may access our website at www.davisvision.com and utilize our "Find a Doctor" feature.

Information about Laser Vision Correction Services:

Davis Vision is pleased to provide you and your eligible dependents with the opportunity to receive Laser Vision Correction Services at significant discounts through a network of experienced, credentialed surgeons (please note that some providers have flat fees equivalent to these discounts). For more information, please visit our website at www.davisvision.com or call **1-800-999-5431**.

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 1525
Latham, NY 12110**

To request claim forms, please visit the Davis Vision website at www.davisvision.com or call 1-800-999-5431.

What lenses/coatings are included?

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

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:

- \$25.00 for a Premier frame from the "Tower Collection".
- \$30.00 for polycarbonate lenses.
- \$20.00 for scratch-resistant coating.
- \$20.00 for Photogrey Extra® (photosensitive) glass lenses.
- \$12.00 for ultraviolet (UV) coating.
- \$35.00 for standard ARC (anti-reflective coating). Premium ARC is \$48.00. Ultra ARC is \$60.00
- \$75.00 for polarized lenses.
- \$30.00 for intermediate vision lenses.
- \$20.00 for blended invisible bifocals.
- \$65.00 for plastic photosensitive lenses.
- \$55.00 for high-index (thinner and lighter) lenses.
- \$50.00 for standard progressive addition multifocal lenses. Premium progressive additional lenses are \$90.00. **

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

Information about Mail Order Contact Lenses:

Free membership and access to a mail order replacement contact lens service, Lens 123, 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 Lens 123 website at www.Lens123.com.

For additional information:

Please call Davis Vision at 1-800-999-5431 with questions or visit our website: www.davisvision.com. Member Service Representatives are available: Monday through Friday, 8:00 AM to 8:00 PM, Eastern Time, and; Saturday, 9:00 AM 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.

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 our website at: www.davisvision.com or call 1-800-999-5431.