

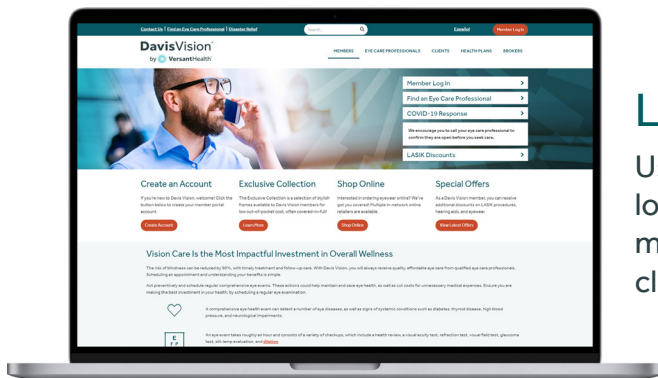


# Your Eyesight Is Precious

Comprehensive eye exams can detect a number of eye diseases and signs of systemic conditions such as diabetes and thyroid disease.<sup>2</sup> Vision plans help you care for your family's eyes while saving you money.

## Vision Plan Highlights<sup>3</sup>

- A routine eye examination with a maximum \$10 copay from a variety of in-network independent, retail, and online providers.
- A frame allowance that can be used to order frames from any in-network provider, plus discounts on overages and second pairs. Or, shop our Exclusive Collection at participating providers for as much as \$25.<sup>4</sup>
- An additional \$50 allowance when shopping for frames at Visionworks.



## Learn More Online

Using our website, you can review benefits, verify eligibility, locate providers, access forms, access online retailers, and more. To learn more, visit the following website and enter client code **7363**: [davisvision.com/open-enrollment](https://davisvision.com/open-enrollment)

## Need Help?

Reach out to the contact below for more information.

Name:  
Phone:

(Continued on the next page...)

1. Benefits are underwritten by Metropolitan Life Insurance Company, Inc., 200 Park Avenue, New York, NY 10166. Certain claims and network administration are provided through Davis Vision, Inc., 500 Jordan Road, Troy, NY 12180. 2. Mukamal, R., Reviewed by Taylor, R.J. (Apr. 29, 2022). [20 Surprising Health Problems an Eye Exam Can Catch](#). American Academy of Ophthalmology. Retrieved Feb. 14, 2023. 3. Read your policy/certificate carefully exclusions and limitations may apply. Benefit descriptions and costs are for illustrative purposes, may vary based upon plan design, and are subject to change. 4. May not be available in all locations nor all states.

In-Network Benefits Schedule: Designer Plan (02X) <sup>1</sup>		
Benefit	Frequency	Copayment
Eye health examination inclusive of dilation (when professionally indicated)	12 months	\$10
Clear plastic spectacle lenses in any Rx (single vision / bifocal / trifocal / lenticular)	12 months	\$20
Frame	24 months	\$0
Contact lens evaluation, fitting & follow-up care (in lieu of eyeglasses)	12 months	\$20
Contact lenses (in lieu of eyeglasses)	12 months	\$0

Eyeglass Benefit: Frame	
Frame allowance	Covered up to \$130 or \$180 at Visionworks. Plus 20% off the balance <sup>3</sup>
<b>Or</b> Davis Vision Exclusive Collection of Frames <sup>4</sup> (instead of allowance):	
Fashion selection / Designer selection / Premier selection	Fully covered / fully covered / \$25 copay

Eyeglass Benefit: Spectacle Lens Options	Member Charges in Addition to Copay
Tinting of plastic lenses (solid / gradient)	Fully covered
Scratch-resistant coating	Included
Oversize lenses	Fully covered
Polycarbonate lenses <sup>5</sup>	\$0 - \$30
Ultraviolet coating	\$12
Anti-reflective (AR) coating - standard / premium / ultra / ultimate	\$35 / \$48 / \$60 / \$85
Progressive lenses - standard / premium / ultra / ultimate	\$50 / \$90 / \$140 / \$175
Intermediate - vision lenses	\$30
Blended - segment lenses	\$20
High-index lenses (1.67 / 1.74)	\$55 / \$55
Polarized lenses	\$75
Photochromic lenses (plastic / glass)	\$20 / \$65
Trivex lenses	\$50
Blue light lenses	\$15
Scratch protection plan : single vision / multifocal lenses	\$20 / \$40
Retinal imaging	\$39

Contact Lens Benefit (in Lieu of Eyeglasses)	
Contact lenses allowance	Covered up to \$130 Plus 15% off any overage <sup>3</sup>
- Evaluation, fitting & follow-up care allowance - standard lens types	\$20
<b>Or</b> Evaluation, fitting & follow-up care allowance - specialty lens types	\$20
Visually required contact lenses (with prior approval) - Materials, evaluation, fitting & follow-up care	Fully covered

Out-of-Network Reimbursement Schedule <sup>7</sup>			
Eye examination: up to \$40	Single-vision lenses: up to \$40	Bifocal lenses: up to \$60	Elective contact lenses: up to \$105
Frame: up to \$50	Lenticular lenses: up to \$60	Trifocal lenses: up to \$80	Visually required CL: up to \$210

1. Read your policy/certificate carefully exclusions and limitations may apply. Benefit descriptions and costs are for illustrative purposes, may vary based upon plan design, and are subject to change. 2. The rates quoted above are inclusive of premium and an additional administrative fee for service provided by MWG Administrators. 3. Additional discounts not applicable at Sam's Club and Walmart locations. Vision discounts are not insurance, are available only from Davis Vision contracted providers, and may not be available in all areas. 4. Collection is available at most participating provider offices. Collection is subject to change. All contact lenses in the Collection are single-vision spherical lenses. 5. Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater. 6. Discount applies to usual and customary charges. Not available at all in-network providers. 7. If you choose an out-of-network provider, you will have increased out-of-network expenses, pay in full at the time of services, and file a claim with your plan administrator for reimbursement.

Benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Davis Vision, Inc. ("Davis Vision"), a New York corporation. Davis Vision is part of the MetLife family of companies. Like most group benefit programs, benefit programs offered contain certain exclusions, exceptions, reductions, limitations, waiting periods and terms for keeping them in force. Please contact your plan administrator for costs and complete details.

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