Davis Vision Plan *Fashion Full Feature* Program
Benefit Illustration

Plan Features:

Copayment:	Exam	$0
	Materials	$0

	Benefit Details	
	In-network	**Out-of-network**
Eye Exams	Covered in Full after Copay	$ 30.00 Maximum after Copay
Frequency: Every 12 Months		
Lenses		
Frequency: Every 12 Months		
Single Vision	Covered in Full after Copay	$ 25.00 Maximum after Copay
Lined Bifocal	Covered in Full after Copay	$ 35.00 Maximum after Copay
Lined Trifocal	Covered in Full after Copay	$ 45.00 Maximum after Copay
Lenticular	Covered in Full after Copay	$ 60.00 Maximum after Copay
Contact Lenses*		
Frequency: Every 12 Months		
Medically Necessary	Covered in Full after Copay	$225.00 Maximum after Copay
Elective (Elective & Conventional or Planned Replacement & Disposable)	$60.00**	$45.00 Maximum
Evaluation and Fitting	15% of UCR	No Discounts
Frames		
Frequency: Every 24 Months		
Fashion Frames	$60.00 Retail Allowance*	$ 30.00 Maximum after Copay
Extras		
Cosmetic Extras	Avg, 40 -60% off retail price	No Discounts
Laser Correction Surgery Discount	Up to 25% off the Usual Charge or 5% off Promotional Price	No Discounts

*If you choose contact lenses, you will not be eligible to receive lenses for 12 months and a frame for 24 months following the date contacts were obtained.

* Frames from Davis' Fashion collection are covered in full in excess of this plan's materials copay. Frames from Davis' Designer Collection are covered in full in excess of a $15 copay applied in addition to the plan's materials copay. Frames from Davis' Premier collection are covered in full in excess of a $40 copay applied in addition to the plan's materials copay.

* Frames from a Davis network provider that are not in the collections are covered up to the plan's retail allowance in excess of the plan's materials copay with a 20% discount on the amount over the $60 allowance for frames.

** In-network elective contact lenses are covered up to the plan's retail allowance in excess of the plan's materials copay with a 15% discount on the amount over $60 for contact lenses.

Important Information: This policy provides vision care limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. Coverage is limited to those charges that are necessary for a routine vision examination. Co-pays apply. The plan does not pay for: orthoptics or vision training and any associated supplemental testing; medical or surgical treatment of the eye; and eye examination or corrective eyewear required by an employer as a condition of employment; replacement of lenses and frames that are furnished under this plan, which are lost or broken (except at normal intervals when services are otherwise available or a warranty exists). The plan limits benefits for blended lenses, oversized lenses, photochromic lenses, tinted lenses, progressive multifocal lenses, coated or laminated lenses, a frame that exceeds plan allowance, cosmetic lenses; U-V protected lenses and optional cosmetic processes. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract #GP-1-DAVIS-05-VIS et al.

This handout is for illustrative purposes. You will receive benefit booklets when your enrollment application is processed. If there is a discrepancy between this handout and your benefit booklet, the benefit booklet prevails.