DAVISVISION®
SEE LIFE

Randolph-Macon College

Designer Vision Plan

Healthy eyes and clear vision are an important part of your overall health and quality of life. With the rising cost of eyewear you can't afford not to be covered through a managed vision care plan. Your vision plan helps you care for your eyes while saving you money by offering:

Paid-in-full eye examinations, eyeglasses and contacts!

Frame Collection: Your plan includes a selection of designer, name brand frames that are completely Covered in full.[1]

Contact Lens Collection: Select from the most popular contact lenses on the market today with Davis Vision's Contact Lens Collection.[1]

One-year eyeglass breakage warranty included on plan eyewear at no additional cost!

How to locate a Network Provider...

Just log on to the Open Enrollment section of our Member site at davisvision.com and click "Find a Provider" to locate a provider near you including:

DAVIS VISION · Empire Vision Centers · Total Vision Care · EyeMasters (Why pay more?) · cambridge Eye Doctors · VISION WORLD · Binyon's (Why Pay More?) · Dr. Bizer's VisionWorld Optometrists · EYE DRx · Dr. Bizer's VALU VISION Optometrists · Doctor's VALU VISION Optometrists · HOUR EYES Doctors of Optometry · Stein Optical Express · Visionworks (Why Pay More?) · VISION WORLD (Why pay more?)

Contact your Human Resources department today to enroll.

For more details about the plan, just log on to the Open Enrollment section of our Member site at **davisvision.com** or call **1.877.923.2847** and enter Client Code **2703**

[1] The Davis Vision Collection is available at most participating independent provider locations.
[2] For dependent children, monocular patients and patients with prescriptions of 6.00 diopters or greater.
[3] Additional discounts not applicable at Walmart or Sam's Club locations.
[4] Transitions® is a registered trademark of Transitions Optical Inc.

Davis Vision has made every effort to correctly summarize your vision plan features. In the event of a conflict between this information and your organization's contract with Davis Vision, the terms of the contract or insurance policy will prevail.

OE00342 9/12/12

IN-NETWORK BENEFITS	
Eye Examination	Every January 1, **Covered in full** after $15 copayment
Eyeglasses	
Spectacle Lenses	Every January 1, **Covered in full** For standard single-vision, lined bifocal, or trifocal lenses after $15 copayment
Frames	Every other January 1, **Covered in full** Any Fashion or Designer frame from Davis Vision's Collection[1] (value up to $175) OR $130 retail allowance toward any frame from provider, plus 20% off balance[3]
Contact Lenses	
Contact Lens Evaluation, Fitting & Follow Up Care	Every January 1, **Covered in full** Collection Contacts: after $15 copayment OR For Standard Contacts: after $15 copayment OR For Specialty Contacts: $60 allowance with 15% off balance less $15 copayment[3]
Contact Lenses (in lieu of eyeglasses)	Every January 1, **Covered in full** Any contact lenses from Davis Vision's Contact Lens Collection[1] OR $130 retail allowance toward provider supplied contact lenses, plus 15% off balance[3]

ADDITIONAL DISCOUNTED LENS OPTIONS & COATINGS		
MOST POPULAR OPTIONS Savings based on in-network usage and average retail values.	Without Davis Vision	With Davis Vision
Scratch-Resistant Coating	$45	$0
Polycarbonate Lenses	$64	$0[2]-$30
Standard Anti-Reflective (AR) Coating	$62	$35
Standard Progressives (no-line bifocal)	$154	$50
Plastic Photosensitive (Transitions®[4])	$123	$65

Lower costs and more benefits! *See the savings!*

Service	Without Davis Vision	With Davis Vision
Eye Examination	$100	$15
Lenses		
Bifocals	$80	$15
Scratch-Resistant Coating	$45	$0
Transitions®[4]	$123	$65
Frame	$150	$0
Total	$498	$95

Savings up to: ***$403***

Employee Contributions	Monthly	Annually
Employee	$6.28	$75.36
Employee plus Spouse	$10.44	$125.28
Employee plus Child(ren)	$10.04	$120.48
Employee plus Family	$16.35	$196.20

Davis Vision plans offer....

Value for our Members

A comprehensive benefit ensuring low out-of-pocket cost to members and their families. Our goal is 100% member satisfaction.

Convenient Network Locations

A national network of credentialed preferred providers throughout the 50 states.

Freedom of Choice

Access to care through either our network of independent, private practice doctors (optometrists and ophthalmologists) or select retail partners.

Value-Added Features:

- Replacement contacts through LENS123® mail-order contact lens replacement service, saving both time and money.
- Laser Vision Correction discounts of up to 25% off the provider's Usual & Customary fees, or 5% off advertised specials, whichever is lower.

Contact Info

For more details about the plan, just log on to the Open Enrollment section of our Member site at davisvision.com or call 1.877.923.2847 and enter Client Code 2703

ADDITIONAL LENS OPTIONS	WITHOUT DAVIS VISION	WITH DAVIS VISION
All Ranges of Prescriptions and Sizes	**$90**	**$0**
Plastic Lenses	**$33**	**$0**
Oversized Lenses	**$20**	**$0**
Tinting of Plastic Lenses	**$20**	**$0**
Scratch-Resistant Coating	**$45**	**$0**
Polycarbonate Lenses	$64	$0[1] or $30
Ultraviolet Coating	$28	$12
Standard Anti-Reflective (AR) Coating	$62	$35
Premium AR Coating	$80	$48
Ultra AR Coating	$113	$60
Intermediate-Vision Lenses	$150	$30
Standard Progressive Addition Lenses	$154	$50
Premium Progressives (Varilux®[2], etc.)	$248	$90
High-Index Lenses	$120	$55
Polarized Lenses	$103	$75
Plastic Photosensitive Lenses	$123	$65
Scratch Protection Plan (Single vision | Multifocal lenses)		$20 | $40

[1] Polycarbonate lenses are Covered in full for dependent children, monocular patients and patients with prescriptions 6.00 diopters or greater.

[2] Varilux® is a registered trademark of Societe Essilor International

Out-of-Network 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

OUT-OF-NETWORK REIMBURSEMENT SCHEDULE
Eye Examination up to $35 | Frame up to $45 Spectacle Lenses (per pair) up to: Single Vision $25, Bifocal $35, Trifocal $45, Lenticular $55 Elective Contacts up to $105, Medically Necessary Contacts up to $210