

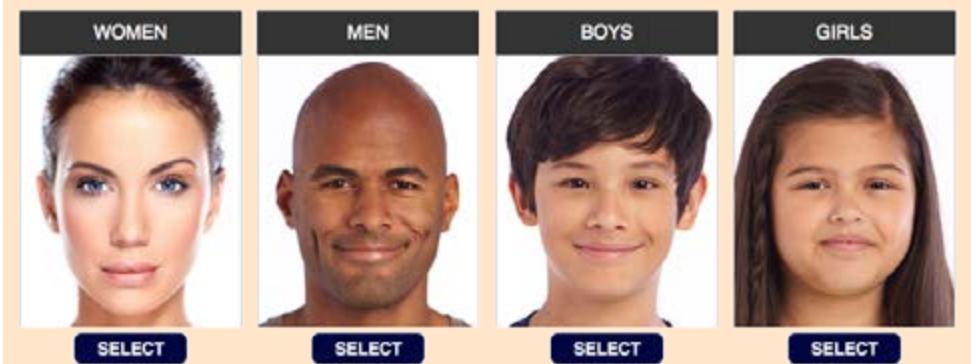
Davis Vision

Davis Vision Plan provides access to care through private practice providers and national retailers, including: *Visionworks, Costco, Sam's Club, Walmart, For Eyes, and more.* The plan provides comprehensive vision coverage including the eye exam, your choice of frames or contact lenses, a broad array of paid-in-full lenses and the latest technology in lens options.



Go to the Davis Vision Try On Tool
trydv.davisvision.com

VIRTUAL FRAME TRY ON



Davis Vision Plan

This plan provides you with both in- and out-of-network benefits. You can visit any participating private practice OR retail provider, such as: Visionworks, Costco, For Eyes, Sam's Club, Walmart and more.

If you elect out-of-network services, you pay for services and materials at time of service and submit a claim to Davis Vision for coverage according to the Plan Reimbursement Schedule.

Included (at no cost) Davis Vision provides a Breakage Warranty for repair or replacement of plan frames and/or lenses for one year from date of delivery.

To locate the nearest in-network provider visit www.davisvision.com or call 1.877.923.2847 and enter **Client Code: 4954**

For other plan details or questions you can visit www.dadeschools.net or call 1.800.403.1765 to speak with a customer service representative.

>> Benefit Eligibility Note:

- **All M-DCPS groups are eligible to enroll in the Davis Vision Plan offered by the School Board.**
- **Current COBRA participants may only continue to enroll in the Davis Vision plan if you were previously enrolled in vision.**
- **See eligibility section for more details.**



Davis Vision

The Benefits of Davis Vision are Clear

A comprehensive eye exam can provide early detection of vision problems as well as systemic disease, such as: diabetes, high cholesterol and other conditions in addition to common eye disorders.

- Davis Vision provides for 100 percent covered annual eye examination, driving wellness through early detection of vision problems.
- Davis Vision offers a one-year breakage warranty for repairs or replacement of plan-covered frames and/or lenses at no cost to members.
- The plan uniquely offers three levels of frame coverage to choose from:
- Select ANY frame of your choice from any participating private practice or retail provider and receive up to \$130 plan benefit allowance toward the cost of the frame.
- OR, for greater savings (in lieu of the plan allowance), you may select any high quality brand name frame from the Davis Vision Exclusive Collection available through participating private practice providers.
- OR, you may visit any Visionworks retail store, select any frame of your choice and receive an enhanced frame benefit allowance up to \$180 toward the cost of your frame.
- Davis Vision offers the latest technology of quality premium lenses and many lens options as covered-in-full or at-cost effective, fixed/published member cost.
- Plan copays do not apply to out-of-network plan-covered services.

Designer Plan	In-Network	Out-of-Network
Benefits	Frequency - Once every:	Reimbursement Schedule (up to)
Eye Examination inclusive of Dilation (when professionally indicated)	12 months (every calendar year)	\$40
Spectacle Lenses	12 months (every calendar year)	\$40 (Reimbursements vary by lens type. Refer to Eyeglass benefits below.)
Frame	12 months (every calendar year)	\$45
Contact Lens Evaluation, Fitting & Follow-Up Care (in lieu of eyeglasses)	12 months (every calendar year)	
Contact Lenses (in lieu of eyeglasses)	12 months (every calendar year)	Refer to the Contact Lens Benefit (in lieu of eyeglasses) below.
Eye Examination	\$0 copay	Copay not applicable
Spectacle Lenses	\$10 copay	Copay not applicable
Contact Lens Evaluation, Fitting & Follow-Up Care	\$10 ¹ copay	Copay not applicable
Eyeglass Benefit - Frame	Plan Coverage	
Non-Collection Frame Allowance (Retail)	Up to \$130 (any In-Network Provider) OR Up to \$180 at Visionworks locations ² Plus a 20% discount on any overage ³	\$45
Davis Vision Frame Collection⁴ (in lieu of Allowance)	Member Cost	
Fashion Level	Included (covered-in-full)	N/A
Designer Level	Included (covered-in-full)	N/A
Premier Level	\$25 copay	N/A

Any copayment or out-of-pocket cost may be reimbursed through your Medical Expense FSA.

See Page 8 for a partial list of eligible expenses or visit TASC's website at www.tasconline.com for the full version of eligible expenses.



Davis Vision

Benefits Continued	In-Network	Out-of-Network
Eyeglass Benefit - Spectacle Lenses / Lens Options	Member Cost	Reimbursement Schedule (up to)
Clear plastic single-vision, lined bifocal, trifocal or lenticular lenses (any size or Rx)	Included (covered-in-full)	(Plan pays up to) Single Vision: \$40 Bifocal/Progressive Lenses: \$60 Trifocal Lenses: \$80 Lenticular Lenses: \$80
Tinting of Plastic Lenses	Included (covered-in-full)	
Scratch-Resistant Coating	Included (covered-in-full)	
Polycarbonate Lenses (Children / Adults)	Included (covered-in-full)	
Ultraviolet Coating	\$12	
Anti-Reflective (AR) Coating (Standard / Premium / Ultra)	\$35 / \$48 / \$60	
Progressive Lenses (Standard / Premium / Ultra ³)	\$50 / \$90 / \$140	
High-Index Lenses	\$55	
Eyeglass Benefit - Spectacle Lenses / Lens Options	Member Cost	
Polarized Lenses	\$75	
Plastic Photochromic Lenses	\$65	
Scratch Protection Plan: Single Vision / Multifocal Lenses	\$20 / \$40	
Contact Lens Benefit (in lieu of eyeglasses)	Plan Coverage	
Non-Collection Elective Contact Lenses: Materials Allowance	Up to \$105 Plus a 15% discount on any overage ³	\$105
- Evaluation, Fitting & Follow-Up Care - Standard Lens types	15% Discount ³	
- Evaluation, Fitting & Follow-Up Care - Specialty Lens types	15% Discount ³	
Collection Contact Lenses⁴ (in lieu of Allowance): Materials		
- Disposable: up to	4 boxes / multi-packs (Included)	
- Planned Replacement: up to	2 boxes / multi-packs (Included)	
- Evaluation, Fitting & Follow-Up Care	Included	
Medically Necessary Contact Lenses: (with prior approval)		
- Materials, Evaluation, Fitting & Follow-Up Care	Included	\$225

1. Copay applies to Collection Contact Lenses only.

2. Enhanced frame allowance available at Visionworks locations nationwide only.

3. Additional discounts not applicable at Walmart, Sam's Club or Costco locations.

4. Collection is available at most participating independent provider offices. Collection is inclusive of select torics and multifocals.

5. Category includes digital free-form progressive lenses.

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

One-year eyeglass breakage warranty included.



Davis Vision

More Covered Frames

Members can select any frame of their choice at participating providers. For greater savings and in lieu of the frame allowance, members may select any frame from Davis Vision's Exclusive Collection. The Collection is available at most participating independent provider offices and features three levels of frames: Fashion, Designer and Premier, with retail values of change \$100 to \$195. By selecting a Collection frame, member eyewear is often completely covered. In fact, approximately 7 out of 10 members take advantage of the tremendous savings by selecting a Davis Vision Collection frame.¹

Free One-Year Breakage Warranty

All eyeglasses come with a breakage warranty for repair or replacement of the frame and/or lenses for a period of one year from the date of delivery. The one-year breakage warranty applies to all plan-covered eyeglasses (i.e., all spectacle lenses, Davis Vision Collection frames and national retailer frames, where our exclusive frame Collection is not displayed).

Ancillary Product Discount

Members will receive 50% off of additional pairs of eyeglasses at Visionworks retail locations nationally. At most other participating network offices, members will receive a 20% courtesy discount on items not covered by the benefit, e.g., second pairs, sunglasses, etc. Disposable contact lenses are available at a 10% discount.²

Scratch-Protection Plan

Standard scratch-resistant coating is available for plastic lenses free of charge. Members may also purchase an optional scratch protection plan, which will replace scratched lenses with new lenses of the same material, style and prescription, at no charge for one year from the original date of dispensing.

More Covered Contact Lenses

Members can select any contact lenses of their choice at any participating provider. For greater savings and in lieu of the allowance, members may be fitted with contact lenses from our contact lens Collection¹, which includes torics and multifocals. All Collection contact lenses are covered in full up to the plan-specified amount and include evaluation, fitting and follow-up care.

Mail Order Replacement Contact Lenses

Davis Vision's mail order contact lens replacement service is designed to save you time and money. By accessing www.davisvisioncontacts.com, Davis Vision members can easily order replacement contact lenses at significant savings and have them shipped directly to their doorstep.

Laser Vision Correction Discounts

Members are entitled to savings of up to 25 percent off participating provider's usual and customary fees, or a 5 percent discount on any advertised special through our network of physicians and refractive surgery centers (some centers provide a flat fee equating to these discount levels).

Low Vision Coverage

Members who require low-vision services and optical devices are entitled to the following coverage, both in- and out-of-network, with prior approval from Davis Vision:

Low Vision Evaluation: One comprehensive evaluation every five years, with a maximum charge of \$300. This examination, sometimes called a functional vision assessment, can determine distance and clarity of vision, the size of readable print, the existence of blind spots or tunnel vision, depth perception, eye-hand coordination, problems perceiving contrast and lighting requirements for optimum vision.

Low-Vision Aid: Maximum allowance of \$600 with a lifetime maximum of \$1,200 for items such as high- power spectacles, magnifiers and telescopes. These devices are utilized to maximize use of available vision, reduce problems of glare or increase contrast perception, based on the individual's visual goals and lifestyle needs.

Follow-up care: Four visits in any five-year period, with a maximum charge of \$100 for each visit.

Can you explain the Davis Vision Frame Benefit?

With Davis Vision, you are free to choose any frames available at any participating private practice or retail location. You will receive a \$130 allowance toward the cost of the frame. If the frame falls within the allowance, it will be covered in full.

If you choose a frame that exceeds the allowance, you will be responsible to pay the difference. At participating private practices and Visionworks retail locations, you will receive a 20 percent discount on any overage cost not covered by the allowance.

If you choose a Fashion or Designer frame from our Davis Vision Exclusive Collection it will be covered in full. Our collection can be found at any in-network independent Provider location.

1. Participating retail providers typically do not display the Collection, but are contractually required to maintain a comparable selection (in both quantity and quality) of frames that would be covered in full, with no additional member out-of-pocket expense. Collection is subject to change.

2. Additional discounts not applicable at Walmart, Sam's Club or Costco locations.



Davis Vision

If you choose to visit a Visionworks location you can apply your enhanced frame benefit allowance. This benefit offers an additional \$50 benefit for a total up to \$180 benefit allowance at Visionworks. Plus, you receive 20% off the balance toward any frame from a Visionworks family of store locations.

How do I locate an In-Network Provider?

For more details about the plan, just log onto the Open Enrollment section of our Member site at www.davisvision.com or www.dadeschools.net, call 1.877.923.2847 and enter Client Code 4954. Upon selecting a provider, the member simply calls the doctor's office to make an appointment

How do I use my Out-of-Network Benefit?

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, New York 12110

Who is an eligible dependent for this coverage?

Eligible dependents covered under this plan include:

- Spouse/Domestic Partner
- Children (including children of Domestic Partner, as long as the Domestic Partner is also covered) will be covered under this plan until the end of the calendar year in which he/she reaches age 26. Coverage applies whether they are/are not married or a student.

How do I select Davis Vision Plan Benefits?

Choose from one of the two options listed below:

1. You may cover yourself by selecting the "Employee-Only Benefit"
2. You may cover yourself and your eligible dependent(s) by selecting the "Employee and Family" benefit.

Are broken eyeglasses covered?

All plan-supplied eyeglasses and lenses include a breakage warranty for one full year, from date of service.

Exclusions and Limitations:

Benefit will not be paid for and the term "Covered Expenses" will not include charges:

1. For any Covered Expense not shown in the Schedule of Benefits.
2. For eye examinations required by an employer as a condition of employment except, as otherwise provided under the Occupational and Safety Program.
3. Or services or materials provided in connection with special procedures, such as orthoptics and visual training, or in connection with medical or surgical treatment (including laser vision correction) except as provided herein.
4. For lenses which do not provide vision correction, except as provided herein.
5. For charges for the replacement of lost or stolen lenses or frames.
6. For services or supplies furnished to a Member before the effective date of his Insurance under the Policy or after the date of Member's insurance ends.
7. For services rendered by practitioners who do not meet the definition of Provider.
8. For expenses covered by any other group insurance.
9. For expenses covered by a health maintenance organization or hospital or medical services prepayment plan available through an employer, union or association.
10. For any expenses covered by any union welfare plan or government program or a plan required by law.
11. For medically necessary contact lenses prescribed for a Member for which prior approval was not obtained from us or our authorized representative.
12. For laser vision correction for which prior approval was obtained from us or our authorized representative.

Pick the Frame that Best Fits You!

With your Davis Vision benefit, you can choose the style you want at the price that best fits your needs. Visit any in-network private practice or retail provider and use your **\$130 allowance toward any frame of your choice.**

Or, you can visit any Visionworks location nationally and use **the enhanced benefit allowance of up to \$180, plus 20% off the balance** toward any frame from a Vision Works store location.

The Davis Vision Exclusive Collection has been designed to reflect the distinctive styles you love, crafted with unparalleled commitment to quality!

Choose any frame from our Fashion or Designer Exclusive Collection (covered in full) available through participating independent providers.

