

## Welcome to Davis Vision!

We are pleased to provide you with information on your vision benefit to help you care for your vision and eye health - a key part of overall health and wellness!

If you are not currently enrolled, please visit our member site at [davisvision.com](http://davisvision.com) or call 1.877.923.2847 and enter client code 3711 to locate providers or for additional information.

**Using your benefits is easy!** Just log on to our Member site at [davisvision.com](http://davisvision.com) and click "Find a Provider," or call us at 1.800.282.8975.

**Make an appointment.** Tell your provider you are a Davis Vision member with coverage through Fiat Chrysler Automobiles, LLC. Provide your member ID number, name and date of birth, and do the same for your covered dependents seeking vision services. Your provider will take care of the rest!

## Your Davis Vision Fashion Plan Benefits

100% OF YOUR CALLS & CLAIMS ARE PROUDLY ADMINISTERED IN THE USA 

Benefit	Frequency Once every -	In-network Copay	In-network Coverage
<b>Eye Examination</b> <sup>1/2</sup>	other January 1	\$5	Covered in full. <i>Includes dilation when professionally indicated.</i>
<b>Spectacle Lenses</b> <sup>1/2</sup>	other January 1	\$7.50	Clear plastic lenses in any single vision, bifocal, trifocal or lenticular prescription. Covered in full. (See below for additional lens options and coatings.)
<b>Frame</b>	other January 1	\$0	<p><b>Covered in Full Frames:</b> Any Fashion level frame from Davis Vision's Collection<sup>3</sup> (retail value, up to \$100).</p> <p><b>OR, Frame Allowance:</b> \$38 toward any frame from provider plus 20% off any balance.<sup>4</sup> No copay required.</p>
<b>Contact Lens Evaluation, Fitting &amp; Follow Up Care</b>	other January 1	\$0	<p><b>Standard, Soft Contacts:</b> 15% discount<sup>4</sup></p> <p><b>Specialty Contacts</b><sup>5</sup>: 15% discount<sup>4</sup></p>
<b>Contact Lenses</b> (in lieu of eyeglasses)	other January 1	\$7.50	<p><b>Contact Lens Allowance:</b> \$90 allowance toward any contacts from provider's supply plus 15% off balance.<sup>4</sup></p> <p><b>OR, Visually Required Contacts:</b> After copay, covered in full with prior approval.</p>

### Significant savings on optional frames, lens types and coatings!

	Member Price
Davis Vision Collection Frames: Fashion   Designer   Premier .....	\$0   \$10   \$25
Tinting of Plastic Lenses.....	\$0
Scratch-Resistant Coating.....	\$0
Premium Scratch-Resistant Coating .....	\$30
Ultraviolet Coating .....	\$10
Blended Lenses.....	\$10
Anti-Reflective Coating: Standard   Premium   Ultra   Ultimate .....	\$33   \$55   \$69   \$85
Polycarbonate Lenses .....	\$0 <sup>6</sup> -\$30
High-Index Lenses 1.67   1.74 .....	\$55   \$120
Progressive Lenses: Standard   Premium   Ultra   Ultimate .....	\$80   \$105   \$140   \$175
Polarized Lenses .....	\$60
Photochromic Lenses (i.e. Transitions®, etc.) <sup>7</sup> .....	\$70
Digital Single Vision Lenses .....	\$30
Trivex Lenses .....	\$50
Blue Light Filtering.....	\$15

<sup>1/</sup> Children under the age of 19 with progressive myopia will be entitled to an eye examination and new lenses with a prescription change once every 12 months.

<sup>2/</sup> Type 1 diabetics may receive annual dilated fundus eye examination (12 months must pass since your last exam) and spectacle lenses only, with a prescription change. You are required to provide a letter of certification from your internist or primary care physician in advance of receiving services.

<sup>3/</sup> The Davis Vision Collection is available at most participating independent provider locations.

<sup>4/</sup> Some limitations apply to additional discounts, discounts not applicable at all in-network providers.

<sup>5/</sup> Including, but not limited to toric, multifocal and gas permeable contact lenses.

<sup>6/</sup> For dependent children, monocular patients and patients with prescriptions of +/- 6.00 diopters or greater.

<sup>7/</sup> Transitions® is a registered trademark of Transitions Optical Inc.

Please note: Your provider reserves the right to not dispense materials until all applicable member costs, fees and copayments have been collected. Contact lenses: Routine eye examinations do not include professional services for contact lens evaluations. Any applicable fees above the evaluation and fitting allowance are the responsibility of the member. If contact lenses are selected and fitted, they may not be exchanged for eyeglasses. Progressive lenses: If you are unable to adapt to progressive addition lenses you have purchased, conventional bifocals will be supplied at no additional cost; however, your copayment is nonrefundable. May not be combined with other discounts or offers. Please be advised these lens options and copayments apply to in-network benefits.

## Frequently Asked Questions

### How can I contact Member Services?

Call 1.800.282.8975 for automated help 24/7. Live help is also available seven days a week: Monday-Friday, 8 a.m.-11 p.m. | Saturday, 9 a.m.-4 p.m. | Sunday, 12 p.m.-4 p.m. (Eastern Time). (TTY services: 1.800.523.2847.)

### What frames are in Davis Vision's Collection?

Our Collection offers a great selection of fashionable and designer frames, most of which are covered in full. No wonder 7 out of 10 members select a Collection frame. Log on to our member Web site at [davisvision.com](http://davisvision.com) and take a look!

### When will I receive my eyewear?

Your eyewear will be delivered to your network provider generally within five business days of order receipt. Special prescriptions, lens coatings, provider frames or out-of-stock frames may delay the standard turnaround time.

### Do I need a claim form?

Claim forms are only required if you visit an out-of-network provider. Claim forms are available on our member Web site.

### Can I split my benefits?

You may split your benefits by receiving your eye examination and eyeglasses or contact lenses on different dates or through different provider locations. To maximize your benefit value we recommend that all services be obtained from a network provider

### Can I use an out-of-network provider?

Yes; however, you receive the greatest value by staying in-network. If you go out-of-network, pay the provider at the time of service, then submit a claim to Davis Vision for reimbursement, up to the following amounts: (For Members who reside  $\leq$  25 miles from a network provider) eye exam - \$0 | single vision lenses - \$15 | bifocal/progressive - \$22 | trifocal - \$26 | lenticular - \$60 | frame - \$15 | elective contacts - \$38 | visually required contacts - \$103. (For Members who reside  $>$  25 miles from a network provider) eye exam - \$39 | single vision lenses - \$38 | bifocal/progressive - \$38 | trifocal - \$55 | frame - \$38 | elective contacts - \$55 | visually required contacts - \$148.

### Are there any exclusions to the vision benefits?

Your vision plan does not cover medical treatment of eye disease or injury; vision therapy; special lens designs or coatings, other than those described herein; replacement of lost eyewear; non-prescription (plano) lenses; contact lenses and eyeglasses in the same benefit cycle; services not performed by licensed personnel; two pair of eyeglasses in lieu of bifocals.

## DAVIS VISION EXTRAS!

**One Year Breakage Warranty** Repair or replacement of your plan covered spectacle lenses, Collection frame or frame from a network retail location where the Collection is not displayed.

**Additional Savings** Members will receive 50% off of additional complete pairs of eyeglasses and sunglasses at Visionworks and 30% off at other participating providers on the same transaction. Otherwise, a 20% discount off the provider's usual and customary rate is available. Contact lenses are available at a 10% discount.<sup>8</sup>

**Mail Order Contact Lenses** Replacement contacts (after initial benefit) through [www.DavisVisionContacts.com](http://www.DavisVisionContacts.com) mail-order service ensures easy, convenient, purchasing online and quick, direct shipping to your door. Log on to our member Web site for details.

**Laser Vision Correction** Your benefit entitles you and your eligible dependents to Refractive Eye Surgery Benefits at reduced costs. A discount of up to 25% off fees for Refractive Eye Surgery may be available from participating network providers (please check with Davis Vision to confirm if the service type you intend to pursue is included in the discounted arrangement). Eligible services may also qualify for a reimbursement of up to \$295 per eligible family member. *Please note: If you file for and receive reimbursement under the Refractive Eye Surgery benefit, you will be ineligible for your material benefits (frame and spectacle lenses or contact lenses) for that calendar year and three (3) subsequent calendar years. Eye examinations are still covered during this time.*

**Low Vision Services** Comprehensive low vision evaluation once every five years and low vision aids up to the plan maximum. Covers up to four follow-up visits in five years.

**Eye Health & Wellness** Log on and learn more about your eyes, health and wellness; common eye conditions that can impair vision; and what you can do to ensure healthy eyes and a healthier life.

**For more details...** about your vision benefits, patient rights and responsibilities about Davis Vision or to obtain a copy of Davis Vision's Privacy Practices Notice, please log on to our member Web site or contact us at 1.800.282.8975.

**Medical Referral** While eligible and following your routine eye examination, if you are referred to an affiliated ophthalmologist for consultation by your network provider, the Plan will cover your medical examination. Only the ophthalmologist charge for the examination is covered; additional tests and procedures required as part of the ophthalmologist exam are not covered. The consultation must occur within 60 days of the referral.

**Progressive Myopia** (rapidly changing nearsighted vision): Yearly visual screening with a \$5 copayment and new lenses, subject to a \$7.50 copayment with a prescription change of a -.50 diopter or more for dependent children up to their 19th birthday. A letter from the ophthalmologist/optometrist indicating Progressive Myopia must be submitted with the claim form.

**Type 1 Diabetics:** Insulin-dependent diabetics (Type 1) will be eligible for exam every January 1 after last eligible exam covered by vision plan with a \$5 copayment. If the exam reveals a prescription change of .50 diopter or more and/or 10 degrees of axis change or more, new lenses will be provided with a \$7.50 copayment according to vision benefits provided by the plan annually. Eligible persons must present a letter from a medical physician stating the person has been diagnosed a Type 1 diabetic. A new letter will be required for files each time this benefit is used.

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

<sup>8</sup>Some limitations apply to additional discounts, discounts not applicable at all in-network providers.

Administered by Davis Vision, which may operate as Davis Vision Insurance Administrators in California.