

Warranty Information:

A one year unconditional breakage warranty is provided for all eyeglasses completely supplied by Davis Vision.

Are there any exclusions?

The following items are not covered by this vision program:

- Medical treatment of eye disease or injury.
- Vision therapy.
- Special lens designs or coatings, other than those previously described.
- Contact lenses and eyeglasses in the same benefit cycle.
- Two pairs of eyeglasses in lieu of a bifocal.
- Services not performed by licensed personnel.

For more information, please visit Davis Vision's website at www.davisvision.com or call Davis Vision at 1-800-999-5431 to:

- Learn about the Davis Vision company.
- Access the Interactive Voice Response Unit which will provide network providers nearest you.
- Verify eligibility for yourself or your dependents.
- Speak with a Member Service Representative.
- Ask any questions about your Vision Care benefits.

Member Service Representatives are available:

- Monday through Friday, 8:00 AM to 8:00 PM, Eastern Time, and;
- Saturday, 9:00 AM to 4:00 PM Eastern Time.

Participants who use a TTY (Teletypewriter) because of a hearing or speech disability may access TTY services by calling **1-800-523-2847**.



Your rights as a patient:

Davis Vision recognizes that all patients have specific rights, including, but not limited to:

- The right to complete information about their healthcare options and consequences.
- The right to participate in all treatment decisions.
- The right to dignity, privacy, confidentiality and non-discrimination.
- The right to complain or appeal any decision.

Patients also have the responsibility:

- To provide complete and accurate information.
- To follow care instructions.

For a complete copy of *Your Rights and Responsibilities As a Patient*, please visit our website at: www.davisvision.com or call 1-800-999-5431.

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Co kda'Care, Inc.

Vision Care Plan Benefit Description

Please call Davis Vision at
1-800-999-5431
with questions or visit our website:
www.davisvision.com

DAVIS VISION[™]
THE EYECARE ADVANTAGE
www.davisvision.com

Vision Care Plan Benefit Description

VidaCare, Inc. is very pleased to provide you with this information about your vision care plan administered by Davis Vision, Inc., a leading national administrator of routine vision care programs. Eligibility for vision care benefits is determined by the same rules that apply to your other health care benefits.

Who are the network providers?

They are licensed providers who are extensively reviewed and credentialed to ensure that stringent standards for quality service are maintained.

How do I find a network provider?

- Call **1-800-999-5431** to access the Interactive Voice Response (IVR) Unit, which will supply you with the names and addresses of the network providers nearest you.
- Access our website at www.davisvision.com and utilize our "Find a Doctor" feature.
- Use the VidaCare Provider Directory. Davis Vision providers are listed under the heading of "Optometrists".

How do I receive services from a provider in the network?

- Call the network provider of your choice and schedule an appointment.
- Identify yourself as a VidaCare, Inc member.
- Provide the office with the member's Identification Number and the date of birth of any member needing services.

It's that easy! The provider's office will verify your eligibility for services, and no claim forms or ID cards are required!

What lenses/coatings are included?

- Plastic or glass single vision, bifocal or trifocal lenses, in any prescription range.
- Glass grey #3 prescription lenses.
- Oversize lenses.
- Post-cataract lenses.
- Fashion, sun or gradient tinted plastic lenses.
- Polycarbonate lenses with prior approval.

What are the plan benefits, frequencies and costs?

EYE EXAMINATIONSOnce every 24 months, including dilation as professionally indicated
Copayment None
In-Network Covered

SPECTACLE LENSESOnce every 24 months
Copayment None
In-Network Covered

FRAMES Once every 24 months
Copayment None
In-Network Designer Selection from the "The Collection" available in most network provider offices

MEDICALLY NECESSARY CONTACT LENSESOnce every 24 months
CopaymentNone
In-NetworkMedically necessary contact lenses may be selected in lieu of eyeglasses and are covered in full with prior approval.

When will I receive my eyewear?

Your eyewear will be sent to your provider from the laboratory generally within two to five business days. More delivery time may be needed when out-of-stock frames are selected.

What about out-of-network provider benefits?

All services must be received from a network provider. No reimbursement is available for services obtained at an out-of-network provider.

May I use the benefit at different times?

All available services must be obtained at one time. You may not "split" your benefits.

