

Davis Vision is pleased to offer a Preferred Provider Organization (PPO) vision plan that provides you with great cost savings while offering superior access to vision care services.

Benefit	In-Network Coverage	Out-of-Network Reimbursement
<b>Examination</b>	<b>Included</b>	<b>\$32</b>
<b>Frames*</b>	<b>Included</b>	<b>\$30</b>
<b>Eyeglass Lenses (per pair)</b> <b>Standard Lenses</b>		
Single Vision	<b>Included</b>	<b>\$25</b>
Bifocal	<b>Included</b>	<b>\$36</b>
Trifocal	<b>Included</b>	<b>\$46</b>
Aphakic/Lenticular	<b>Included</b>	<b>\$72</b>
<b>Contact Lenses</b> <b>Disposable</b>	<b>Included in Plan Formulary OR</b>	<b>\$85 combined allowance toward contact lens evaluation, fitting services &amp; materials</b>
<b>Conventional</b> (per pair) for example, Hard/Soft DailyWear Spherical, Bifocal, Toric, Gas Permeable	<b>\$85 Elective Contact Lens Allowance**</b>	
<b>Medically Necessary</b>	<b>Covered with Prior Approval</b>	<b>Up to \$225</b>
<b>Warranty</b>	<b>Unconditional breakage warranty</b> to repair or replace any Davis Vision laboratory supplied eyeglasses for a period of one year from the date of delivery	
<b>Laser Vision Correction</b>	You receive up to 25% discount off Provider's usual and customary fees for laser correction services or 5% off any advertised special (whichever is lower)	
<b>LENS 1-2-3</b>	Exclusive mail-order contact lens replacement service	

\*Davis Vision Fashion Frames from the Tower Collection are included with no copayment.

\*\*\$85 combined allowance toward contact lens evaluation, fitting services and materials.

**How do I find a Preferred Provider?**

Call toll-free 1-800-382-1352 and mention group name PISI Vision to find the names and locations of nearby optometrists, ophthalmologists and optical suppliers who participate in the Pre-ferred Provider Network.

You and your dependents are eligible to enroll. Dependents include your spouse, unmarried dependent children under age 26 or to any age if incapable of self-sustaining employment by reason of mental or physical disability and chiefly dependent upon you for maintenance and support.

<b>ENHANCED</b>	
<b>Eye Examination Every 12 months</b>	
<b>Eyeglasses OR Contact Lenses</b> (in lieu of eyeglasses) <b>Every 12 months</b>	
<b>Annual Premiums</b>	
<b>Individual</b>	<b>\$96</b>
<b>Two-Party</b>	<b>\$180</b>
<b>Family</b>	<b>\$276</b>
<b>For 12 Consecutive Months of Coverage</b>	

**Sampling of In-Network Options:**

	You Pay only:
Sun Gradient Tinting .....	\$15
Scratch resistant treatment .....	\$20
Ultraviolet coating.....	\$15
Standard Anti-reflective lenses .....	\$40
Glass Photochromatic lenses .....	\$20
Designer Frame .....	\$20
Premier Frame .....	\$40
Premium Progressive Addition Lenses (PALS) .....	\$105
(Varilux™, Kodak, Seiko™, Rodenstock™)	
Ultra Progressive Lenses.....	\$140