

Why Davis Vision?

Why vision care?

Two thirds of employees say they would trade a vacation day for eye care benefits.^{1/}

72 percent of employees joined their current employer because of workplace benefits. 83 percent stay for the benefits.^{2/}

Vision problems are the second most prevalent health problem in the country, affecting more than 120 million people.^{3/}

Nearly 90 percent of those who use a computer at least three hours a day suffer vision problems associated with computer eyestrain.^{3/}

Eyestrain is the number one office-related complaint.^{3/}

Uncorrected vision can decrease employee performance by as much as 20 percent.^{3/}

Vision disorders account for over \$8 billion annually in sick days, lost productivity and medical bills.^{3/}

Employers gain as much as \$7 for every \$1 they spend on vision coverage.^{3/}

Value for the member... *you'll see it in their eyes*

Our plans are designed to reduce or eliminate out-of-pocket cost. With complete freedom to choose any frame they desire, over 80% of our members still choose a Davis Vision Collection frame.

Value for the client... *healthy eyes = healthy lives*

Our rates are among the most competitive industry-wide for total flexibility in plan design, funding options and network composition. No wonder more than 98% of our clients renew their plan with us.

Service for all... *100% satisfaction!*

We do what we say we're going to do... guaranteed! Our goal is 100% satisfaction for clients and for members.

Quality you can see... *caring you can feel*

We promise quality: in our work, materials, service and network. We have managed vision care's only ISO 9001:2000 certified laboratories with COLTS prescription and FDA conformance certifications, as well as NCQA certification for our provider credentialing process.

Community service... *more than just a vision plan*

We serve our communities with dedication and care, providing vision services, food, clothing, toys and emergency provisions when needed most.

^{1/} Source: Best's Review, 2006

^{2/} 2007 MetLife Survey, Source: MCom, Issue 1, 2008, page 4

^{3/} Vision Council of America, Source: Vision in Business 2007

Proposed Benefits for ABC Sample Proposal

IN-NETWORK BENEFITS		PLAN DESIGN			
		Option 1	Option 2	Option 3	Option 4
Frequency – Once Every:		Designer 1	Designer 2	Designer 3	Premier 1
Eye Health Examination inclusive of Dilation <i>(when professionally indicated)</i>		12 Months	12 Months	12 Months	12 Months
Spectacle Lenses		12 Months	12 Months	12 Months	12 Months
Frame		24 Months	24 Months	24 Months	24 Months
Contact Lens Evaluation, Fitting & Follow-Up Care		12 Months	12 Months	12 Months	12 Months
Contact Lenses (in lieu of eyeglasses)		12 Months	12 Months	12 Months	12 Months
Copayments					
Eye Health Examination		\$20	\$10	\$10	\$0
Spectacle Lenses		\$40	\$25	\$10	\$0
Contact Lens Evaluation, Fitting & Follow-Up Care		\$40	\$25	\$10	\$0
Eyeglass Benefit - Frames	Average Retail Value				
Non-Collection Frame Allowance (Retail):	Up to \$130	Up to \$130	Up to \$130	Up to \$130	Up to \$150 Plus a 20% discount on any overage that may apply ¹
Davis Vision Frame Collection (in lieu of Allowance):					
Fashion level		Up to \$125	Included	Included	Included
Designer level		Up to \$175	Included	Included	Included
Premier level		Up to \$225	\$25	\$25	\$25
Eyeglass Benefit - Spectacle Lenses	Average Retail Value	Member Charges			
All ranges of prescriptions (single vision, bifocal, trifocal, lenticular)		\$60-\$120	Included	Included	Included
Choice of glass or plastic lenses		\$30-\$35	Included	Included	Included
Oversize Lenses		\$20	Included	Included	Included
Fashion and gradient tinting of plastic lenses		\$20	Included	Included	Included
Scratch-Resistant Coating		\$25-\$40	Included	Included	Included
Polycarbonate Lenses ²		\$60-\$75	\$0 or \$30	\$0 or \$30	Included
Ultraviolet Coating		\$25-\$30	\$12	\$12	Included
Standard Anti-Reflective (AR) Coating		\$50-\$70	\$35	\$35	\$35
Premium AR Coating		\$65-\$90	\$48	\$48	\$48
Ultra AR Coating		\$100-\$125	\$60	\$60	\$60
Standard Progressive Lenses		\$150-\$195	\$50	\$50	\$50
Premium Progressives (Varilux®, etc.)		\$195-\$300	\$90	\$90	\$90
Intermediate-Vision Lenses		\$150-\$175	\$30	\$30	\$30
Blended-Segment Lenses		\$40-\$50	\$20	\$20	\$20
High-Index Lenses		\$90-\$150	\$55	\$55	\$55
Polarized Lenses		\$95-\$110	\$75	\$75	\$75
Photochromic Glass Lenses		\$30-\$60	\$20	\$20	\$20
Plastic Photosensitive Lenses (Transitions®, etc.)		\$95-\$150	\$65	\$65	\$65
Scratch Protection Plan: Single Vision Lenses Multifocal				\$20 \$40	
Contact Lens Benefit					
Non-Collection Contact Lenses: Materials Allowance		Up to \$110	Up to \$130	Up to \$130	Up to \$150 Plus a 15% discount on any overage that may apply ¹
- Evaluation, Fitting & Follow-Up Care Allowance – Standard Lens Types					Included
- Evaluation, Fitting & Follow-Up Care Allowance – Specialty Lens Types					Up to \$60 Plus a 15% discount on any overage that may apply
Collection Contact Lenses³ (in lieu of Allowance):					
- Materials, Evaluation, Fitting & Follow-up Care		Included (Up to 4 boxes)	Included (Up to 8 boxes)	Included (Up to 8 boxes)	Included (Up to 8 boxes)
Medically Necessary Contact Lenses (with prior approval)					
- Materials, Evaluation, Fitting & Follow-Up Care					Included
OUT-OF-NETWORK REIMBURSEMENT SCHEDULE					
Eye Examination: up to \$30	Single Vision Lenses: up to \$25	Trifocal Lenses: up to \$45		Elective Contact Lenses: up to \$75	
Frame: up to \$30	Bifocal Lenses: up to \$35	Lenticular Lenses: up to \$60		Medically Necessary CL: up to \$225	

^{1/} At Walmart locations, members will receive the full allowance toward Walmart's everyday low prices. Additional discounts not applicable.

^{2/} Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions ≥ +/- 6.00 diopters.

^{3/} Collection is available at most participating independent provider offices. Collection is subject to change. All contact lenses in Collection are single vision spherical lenses.

One-year eyeglass breakage warranty included

Proposed Rates for ABC Sample Proposal

Fully Insured Monthly Rates* - Under 500 Voluntary

4-Tier	Monthly Premium			
	Option 1	Option 2	Option 3	Option 4
Employee Only	\$ 5.31	\$ 6.33	\$ 8.21	\$ 10.37
Employee + Spouse	\$ 9.56	\$ 11.39	\$ 14.78	\$ 18.67
Employee + Child(ren)	\$ 10.09	\$ 12.03	\$ 15.60	\$ 19.70
Employee + Family	\$ 15.93	\$ 18.99	\$ 24.63	\$ 31.11

Fully Insured Monthly Rates* - 10 – 99 Funded

4-Tier	Monthly Premium			
	Option 1	Option 2	Option 3	Option 4
Employee Only	\$ 4.62	\$ 5.50	\$ 7.16	\$ 9.03
Employee + Spouse	\$ 8.32	\$ 9.90	\$ 12.89	\$ 16.25
Employee + Child(ren)	\$ 8.78	\$ 10.45	\$ 13.60	\$ 17.16
Employee + Family	\$ 13.68	\$ 16.50	\$ 21.48	\$ 27.09

Fully Insured Monthly Rates* - 100 – 499 Funded

4-Tier	Monthly Premium			
	Option 1	Option 2	Option 3	Option 4
Employee Only	\$ 4.31	\$ 5.13	\$ 6.67	\$ 8.41
Employee + Spouse	\$ 7.75	\$ 9.23	\$ 12.01	\$ 15.15
Employee + Child(ren)	\$ 8.18	\$ 9.74	\$ 12.68	\$ 15.99
Employee + Family	\$ 12.92	\$ 15.38	\$ 20.02	\$ 25.24

The proposed rates herein are guaranteed for two years and are based on the following assumptions:

Size of group: See Above
 Funding method: Voluntary (26 – 100% Employee-Paid)
 Funded (75 – 100% Employer-Paid)
 Effective date: Date

* Underwritten by either **HM Life Insurance Company**, Pittsburgh, PA or **HM Life Insurance Company of New York**, New York, NY under policy form series HL902 or similar. All rates are nonparticipating financial arrangements, unless otherwise specified, and are based on data submitted in the request for proposal. We reserve the right to revise our quote if the data provided was not accurate or if the eligible membership changes by +/- 15%. Proposal effective for 120 days from date of receipt.

In-Network: The choice is yours

Using the Davis Vision program couldn't be easier. Just select the network provider of your choice, identify yourself as a Davis Vision member, make an appointment, and leave the rest up to us.

Eye Health Examination

Members receive a comprehensive eye health examination, including dilation, when professionally indicated. After the copayment, if applicable, the eye health examination is covered in full.

Frames

Davis Vision offers limitless choice:

- **Retail Allowance:** All frames are covered in full up to the plan-specified allowance, plus members receive a 20% discount off any overage that may apply.^{1/}
- **Davis Vision Frame Collection:** In lieu of the frame allowance, members can select any frame from Davis Vision's exclusive Collection! The Collection features three levels of frames: Fashion, Designer and Premier, with retail values of \$125 - \$225. All of the **Fashion** and **Designer** frames are fully covered! Any **Premier** level frame is only \$25. By selecting a Collection frame, member eyewear is often completely covered. In fact, approximately 8 out of 10 members take advantage of the tremendous savings by selecting a Davis Vision Collection frame.^{2/}

Spectacle Lenses

Standard lenses are covered in full and many extras are included at no cost to our members. Plus, Davis Vision members can select many of the most popular lens options at greatly discounted prices, reflecting savings of up to 40% - 60% off as compared to average retail pricing.

Contact Lenses

Members who select contact lenses in lieu of eyeglasses are offered the same great choice:

- **Elective Contact Lens Allowance:** All contact lenses are covered in full up to the plan-specified allowance, plus members receive a 15% discount off any overage that may apply.^{1/}
Contact Lens Evaluation, Fitting & Follow-Up Care Allowance: For Standard contact lenses, evaluation and fitting fees are covered in full. For Specialty contact lenses (including, but not limited to, toric, multifocal and gas permeable lenses), members receive \$60 toward their contact lens evaluation and fitting, plus a 15% discount off the balance over \$60.
- **Davis Vision Contact Lens Collection:** In lieu of the allowance, members may be fit with contact lenses from our Collection, all of which are covered in full up to the plan-specified amount below and include evaluation, fitting and follow-up care.

<i>Standard/Daily Wear:</i>	One pair of lenses
<i>Disposable:</i>	Four or Eight boxes/multi-packs
<i>Planned Replacement:</i>	Two boxes/multi-packs

Out-of-Network

Members may visit any provider of their choice. If an out-of-network provider is selected, the member pays the provider fees for services and materials at the point of service and then is reimbursed according to the plan schedule outlined in the "Proposed Benefits" table.

^{1/} Additional discounts: At Walmart locations, members will receive the full allowances toward Walmart's everyday low prices. Additional discounts not applicable.
^{2/} 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.

The Davis Vision program goes over and above to offer many value-added features at no extra cost!

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).

Medically Necessary Contact Lenses Covered in Full Upon Prior Approval

When “medically necessary” contact lenses are prescribed and approved to correct a member’s eyesight, Davis Vision will cover the cost in full. Contact lenses may be determined as medically necessary in the treatment of the following conditions: Keratoconus, Anisometropia, Corneal Disorders, Pathological Myopia, Aniseikonia, Post-traumatic Disorders, Aphakia, Aniridia and Irregular Astigmatism. In general, medically necessary contact lenses may be prescribed in lieu of eyeglasses, when it will result in significantly better visual acuity and/or improved binocular function, including avoidance of diplopia or suppression.

Replacement Contact Lens Program

Davis Vision’s proprietary Lens 1-2-3![®] mail order program offers the guaranteed lowest prices on contact lens replacements. Members simply call 1-800-LENS 123 or visit www.lens123.com with their current prescription. Every order comes with a complimentary starter kit.

Ancillary Product Discount

At most 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.^{1/}

Laser Vision Correction Discounts

Davis Vision members are entitled to savings of up to 25% off the provider’s usual and customary fees, or a 5% 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

With prior approval by Davis Vision, members who require low-vision services and optical devices are entitled to the following coverages. Both in- and out-of-network services are eligible for:

- One comprehensive Low-Vision 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.
- Maximum Low-Vision Aid 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.

^{1/} Additional discounts not applicable at Walmart.