

Vision Benefit Highlights

The vision benefits includes coverage for exams, as well as glasses or contact lenses. Your vision options are:

- *Davis Vision*
- *BCBSM Vision*

You will be able to cover yourself and your family under either plan. Dependent coverage is being extended through the end of the calendar year in which the dependent turns 26. Other Eligible Adults are covered under the Davis Vision plan only.

When you enroll in the vision plan, you have access to the applicable network of eye care doctors (network providers).

Each time you need vision care, you decide whether to use a participating provider or a non-participating provider. You save money if you go through a participating vision provider for your services and supplies.

More details relating to the your vision plan can be found on the following page.

Vision continued...**Eligibility:** All Active Employees who work a minimum of 20 hours per week.**Waiting Period:** First day of the month following 30 days of employment

Vision Plan Comparison				
	Davis Vision		Blue Cross Blue Shield	
	Participating	Non-Participating	Participating	Non-Participation
Eye Exams	\$0 co-pay	Covered up to maximum reimbursement of \$30	\$5 co-pay	Reimbursed 75% after \$5 co-pay
Standard Lenses	\$0 co-pay	Covered up to pre-determined amount	\$7.50 co-pay (combined with frames)	Covered up to pre-determined amount
	Includes single vision, bifocal, or trifocal lenses		Includes single vision, bifocal, or trifocal lenses	
Contact Lenses Medically Necessary	\$0 co-pay	Covered up to maximum reimbursement of \$225	\$7.50 co-pay	Covered up to pre-determined amount
Cosmetic	Covered up to maximum payment of \$105	Covered up to maximum reimbursement of \$75	Covered up to maximum payment of \$35	Covered up to pre-determined amount
Contact Lens Evaluation & Fitting	15% discount	No coverage	Included above	Covered up to pre-determined amount
Frames	\$0 co-pay for Davis Fashion level frames from Davis Vision's Collection (up to \$125 retail value) Covered up to maximum payment of \$75 for non-collection frames	Covered up to maximum reimbursement of \$30	\$7.50 co-pay (combined with lenses)	Covered up to pre-determined amount
Frequency Limitations:				
Eye Exams	1 every 12 months		1 every 24 months	
Standard Lenses	1 pair every 24 months* *Lenses can be obtained every year with a .5 diopter rx change		1 pair every 24 months	
Standard Frames	1 frame every 24 months		1 pair every 24 months	
Contact Lenses	1 pair every 24 months		1 pair every 24 months	

If you choose extra options beyond the standards that are covered, you are responsible for the additional cost, paid directly to the providers.