Transport Workers Union
your vision plan

Client code: 8166

Frequency
Exam: September 1
Lenses & lens upgrades: September 1
Frame: September 1
Contacts, evaluation & fitting: September 1

Sign up during open enrollment

For more details about the plan, visit davisvision.com/member and enter your Client Code or call 1 (877) 923-2847 and enter your Client Code when prompted.

Using your client code
Log in using your client code (listed above) at davisvision.com/member to find a list of in-network providers near you and access your benefit information.

The Exclusive Collection
The Exclusive Collection of frames is available at nearly 9,000 locations across the U.S. Log in to browse frames, and find a Collection near you.

Free breakage warranty
Your glasses are covered with our FREE one-year breakage warranty. Some limitations apply.
## Lens options

- Clear plastic single-vision, bifocal, trifocal or lenticular lenses (any RX) $0
- Polycarbonate Lenses (Children / Adults) $0 or $30
- High-Index Lenses 1.67 $55
- High-Index Lenses 1.74 $120
- Polarized Lenses $75
- Progressive Lenses (Standard / Premium / Ultra / Ultimate) $50 / $90 / $140 / $175
- Anti-Reflective (AR) Coating (Standard / Premium / Ultra / Ultimate) $35 / $48 / $60 / $85
- Ultraviolet Coating $12
- Tinting of Plastic Lenses (Solid / Gradient) $0
- Plastic Photochromic Lenses (Transitions® Signature™) $65
- Scratch-Resistant Coating $0
- Premium Scratch-Resistant Coating $30
- Scratch-Protection Plan (Single-Vision | Multifocal) $20 | $40
- Trivex Lenses $50
- Blue Light Filtering $15

## Additional savings

- Retinal imaging (Member charge) $39
- Additional pairs of eyeglasses 30% discount²
- Laser Vision Correction One-Time/Lifetime Allowance $500

## Out-of-network benefits

You may receive services from an out-of-network provider, although you will receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network.

### Out-of-network reimbursement schedule (up to)

<table>
<thead>
<tr>
<th>Service</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Examination</td>
<td>$40</td>
</tr>
<tr>
<td>Frame</td>
<td>$50</td>
</tr>
<tr>
<td>Single-Vision Lenses</td>
<td>$40</td>
</tr>
<tr>
<td>Bifocal / Progressive Lenses</td>
<td>$60</td>
</tr>
<tr>
<td>Trifocal Lenses</td>
<td>$80</td>
</tr>
<tr>
<td>Lenticular Lenses</td>
<td>$100</td>
</tr>
<tr>
<td>Elective Contact Lenses</td>
<td>$105</td>
</tr>
<tr>
<td>Visually Required Contacts</td>
<td>$225</td>
</tr>
</tbody>
</table>

1. Excludes Maui Jim® eyewear. 2. Some limitations apply to additional discounts; discounts not applicable at all in-network providers. 3. Contact lens coverage varies by product selection. Visually Required contacts are covered in full with prior approval. 4. The Davis Vision Exclusive Collection of Contact Lenses is available at participating providers. Evaluation, fitting and follow-up care for Collection contacts are covered in full. Davis Vision has done its best to accurately reflect plan coverage herein. If differences exist between this document and the plan contract, the contract will prevail.
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!

Your Davis Vision Designer Plan Benefits

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Frequency</th>
<th>In-network Copay</th>
<th>In-network Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Examination</td>
<td>September 1</td>
<td>$20</td>
<td>Covered in full, after copay.</td>
</tr>
<tr>
<td>Spectacle Lenses</td>
<td>September 1</td>
<td>$20</td>
<td>Clear plastic lenses in any single vision, bifocal, trifocal or lenticular prescription. Covered in full, after copay. (See below for additional lens options and coatings.)</td>
</tr>
<tr>
<td>Frame</td>
<td>September 1</td>
<td>$0</td>
<td>OR, Frame Allowance: $130 toward any frame from provider plus 20% off any balance. No copay required. Covered in full any frame from a Visionworks family of store locations. No copay required.</td>
</tr>
<tr>
<td>Contact Lens Evaluation, Fitting &amp; Follow Up Care</td>
<td>September 1</td>
<td>$0</td>
<td>Covered in full. 15% discount 15% discount</td>
</tr>
<tr>
<td>Contact Lenses (in lieu of eyeglasses)</td>
<td>September 1</td>
<td>$0</td>
<td>From Davis Vision’s Collection, up to:</td>
</tr>
</tbody>
</table>

Significant savings on optional frames, lenses types and coatings!

Member Price

- Davis Vision Collection Frames: Fashion | Designer | Premier $0 | $0 | $25
- Tinting of Plastic Lenses $0
- Scratch-Resistant Coating $0
- Premium Scratch-Resistant Coating $30
- Ultraviolet Coating $12
- Anti-Reflective Coating: Standard | Premium | Ultra | Ultimate $35 | $48 | $60 | $85
- Polycarbonate Lenses $0-$30
- High-Index Lenses 1.67 | 1.74 $55 | $120
- Progressive Lenses: Standard | Premium | Ultra | Ultimate $50 | $90 | $140 | $175
- Polarized Lenses $75
- Photochromic Lenses (i.e. Transitions®, etc.) $65
- Scratch Protection Plan: Single Vision | Multifocal Lenses $20 | $40
- Trivex Lenses $50
- Blue Light Filtering $15

Additional Savings!

- Retinal imaging (Member charge) $39

Using your benefits is easy! Just log on to our Member site at davisvision.com and click “Find a Provider,” or call us at 1.800.999.5431.

Make an appointment. Tell your provider you are a Davis Vision member with coverage through Transport Workers Union. 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!

Card may be used as proof of identification to receive vision care benefits. The provider will check with Davis Vision to verify your eligibility. For additional copies of your ID card, visit our Member site at davisvision.com.
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.

Greater Benefits
Access a higher frame allowance by visiting a Visionworks family of store locations.¹

Additional Savings
At most participating network locations, members receive up to 20% off additional eyeglasses, sunglasses and items not covered by the benefit and 10% off disposable contact lenses.²

Mail Order Contact Lenses
Replacement contacts (after initial benefit) through 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
Davis Vision provides you and your eligible dependents with the opportunity to receive discounted laser vision correction, often referred to as LASIK. A one-time/lifetime allowance of $500 per eye is available to all members. For more information, visit www.davisvision.com.

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 1.800.999.5431.

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.

Frequently Asked Questions

How can I contact Member Services?
Call 1.800.999.5431 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: 1.800.525.2847.)

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 8 out of 10 members select a Collection frame. Log on to our member Web site at 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: eye exam - $40 | single vision lenses - $40 | bifocal - $60 | trifocal - $80 | lenticular - $100 | frame - $50 | elective contacts - $105 | visually required contacts - $225.

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.

Local Participating Provider Listing