





UAW RETIREE Medical Benefits Trust

Vision Plan New for 2022

Frequency Benefit Enhancement for Lenses and Frames

Lenses & lens upgrades: Every 12 months

Frame: Every 12 months

Contacts, evaluation & fitting: Every 12 months

Exams will continue to be every 12 months/1



Your unique Client Code is 3642. For more details about the plan, visit davisvision.com/member and enter your Client Code or call 1 (888) 234-5164 and enter your Client Code when prompted.



Exams^{/2} & Services



Lens copay:

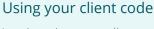
\$0

Eye Exam copay:

\$0

Contacts evaluation, fitting & follow-up:

\$40 retail allowance/3



Log in using your client code (3642) at davisvision.com/member to find a list of in-network providers near you and access your benefit information.



Frame



Contacts⁴ in lieu of eyeglasses

Allowance:/3

\$40

Allowance:/3

\$75

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.

The Exclusive Collection copay:

Fashion Covered in full Designer \$15

\$40

Find a network provider...

Enter your client code in the "Member Sign In" section of our website at davisvision.com/member to locate a provider near you including Visionworks.

Free breakage warranty

Your glasses are covered with our FREE two-year breakage warranty. Some limitations apply.

∴ౖి౷ ి: Copays for options & upgrades

Lens options

Clear plastic single-vision, bifocal, trifocal or

lenticular lenses (any RX).....\$0

Polycarbonate Lenses (Children / Adults)......\$0 or \$35

High-Index Lenses 1.67......\$60

High-Index Lenses 1.74.....\$120

Polarized Lenses......\$75

Progressive Lenses (Standard / Premium / Ultra/ Ultimate)......\$0 / \$105 / \$140 / \$175

Anti-Reflective (AR) Coating (Standard / Premium / Ultra/ Ultimate)...... \$40 / \$55 / \$69 / \$85

Ultraviolet Coating.....\$15

Tinting of Plastic Lenses (Solid / Gradient).....\$0

Plastic Photochromic Lenses (Transitions® Signature™).....\$70

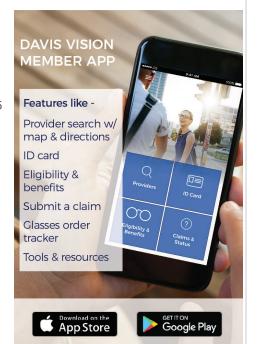
Scratch-Resistant Coating.....\$0

Premium Scratch-Resistant Coating.....\$30
Scratch-Protection Plan (Single-Vision | Multifocal)....\$20 | \$40

Digital Single Vision Lenses.....\$30

Trivex Lenses.....\$50

Blue Light Filtering.....\$15





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) (For Members who reside ≤ 25 miles from a Network Provider)

Eye Examination: \$0
Frame: \$13
Single-Vision Lenses: \$13
Bifocal / Progressive Lenses: \$13
Visually Required Contacts: \$52.50

Out-of-network reimbursement schedule (up to) (For Members who reside > 25 miles from a Network Provider)

Eye Examination: \$45

Frame: \$49

Single-Vision Lenses: \$59

Bifocal / Progressive Lenses: \$79

Trifocal Lenses: \$99

Lenticular Lenses: \$99

Elective Contact Lenses: \$89

Visually Required Contacts: \$200

^{1.} The program benefits are limited to one vision testing examination in any period of 12 months, plus one referral (when Visually required) to an ophthalmologist for re-examination within 60 days from the date of initial examination with a \$45 allowance.

^{2.} Insulin dependent diabetics are entitled to a second vision examination every 12 months with prior approval.

^{3. 20%} discount off any remaining balance for frames and 15% discount for contact lenses and evaluation, fitting and follow up care. Discount is not available at Costco locations.

^{4.} Contact lens coverage varies by product selection. Visually Required contacts are covered in full with prior approval.

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!



Using your benefits is easy! Just log on to our Member site at davisvision.com and enter your unique *Client Code* **3642** and click "Find a Provider," or call us at 1.888.234.5164.

Make an appointment. Tell your provider you are a Davis Vision member with coverage through UAW Retiree Medical Benefits Trust. 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!



Your Davis Vision Plan Benefits

Benefit	Frequency Once every -	In-network Coverage	
Eye Examination ^{/1}	12 months/2	Covered in full. Includes dilation when professionally indicated.	
Spectacle Lenses	12 months	For single-vision, lined bifocal, trifocal, or standard progressive lenses. Available in all ranges of prescriptions and sizes with tinting and scratch resistant coating	
Frame	12 months	Covered in Full Frames: OR, Frame Allowance:	Any Fashion frame from Davis Vision's Collection/3 (retail value, up to \$100). \$40 toward any frame from provider. ^{/4}
Contact Lens Evaluation, Fitting & Follow Up Care (in lieu of eyeglasses)	12 months	All Contacts:	\$40 allowance. ^{/4}
Contact Lenses (in lieu of eyeglasses)	12 months	Contact Lens Allowance:	\$75 allowance toward any contacts from provider's supply. ^{/4}
		OR, Visually Required Contacts:	With prior approval covered up to \$350.

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VALUE ADDED OPTIONS	WITH DAVIS VISION
FRAMES	
Designer Frame (from the Davis Vision Collection)	\$15
Premier Frame (from the Davis Vision Collection)	\$40
LENSES	
Polycarbonate Lenses	\$0 ^{/5} or \$35
Premium Scratch Resistant Coating	\$30
Digital Single Vision Lenses	\$30
Ultraviolet Coating	\$15
Standard Anti-Reflective (AR) Coating	\$40
Premium AR Coating	\$55
Ultra AR Coating	\$69
Ultimate AR Coating	\$85
Standard Progressive Addition Lenses	\$0
Premium Progressives Addition Lenses	\$105
Ultra Progressives Addition Lenses	\$140
Ultimate Progressives Addition Lenses	\$175
High-Index Lenses 1.67 1.74	\$60 \$120
Trivex Lenses	\$50
Blue Light Filtering	\$15
Polarized Lenses	\$75
Photochromic Lenses (i.e. Transitions®, etc.)/6	\$70
Scratch Protection Plan (Single vision Multifocal lenses)	\$20 \$40

- ^{1/} The program benefits are limited to one vision testing examination in any period of 12 months, plus one referral (when medically necessary) to an ophthalmologist for re-examination within 60 days from the date of initial examination with a \$45 allowance.
- allowance.

 Insulin dependent diabetics are entitled to a second vision examination every 12 months with prior approval.
- examination every 12 months with prior approval.

 The Davis Vision Collection is available at most participating independent provider locations.
- 4' 20% discount off any remaining balance for frames and 15% discount for contact lenses and evaluation, fitting and follow up care. Discount is not available at Costco locations.
- 5' For dependent children, monocular patients and patients with prescriptions of +/- 6.00 diopters or greater.
- ^{6'}Transitions[®] is a registered trademark of Transitions Optical Inc.

Please note: Your provider reserves the right to not dispense materials until all applicable member costs, fees and copayments have been collected. Contact lenses: Routine eye examinations do not include professional services for contact lens evaluations. Any applicable fees above the evaluation and fitting allowance are the responsibility of the member. If contact lenses are selected and fitted, they may not be exchanged for eyeglasses. May not be combined with other discounts or offers. Please be advised these lens options and copayments apply to in-network benefits.

ID Card Example:





www.davisvision.com | 1.888.234.5164

Administered by Davis Vision, which may operate as Davis Vision Insurance Administrators in California.

Frequently Asked Questions

How can I contact Member Services?

Call 1.888.234.5164 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: 1.800.523.2847.)

What frames are in Davis Vision's Collection?

Our Collection offers a great selection of fashionable and designer frames, most of which are <u>covered in full</u>. No wonder 7 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: (For Members who reside ≤ 25 miles from a network provider) eye exam - \$0 | single vision lenses - \$13 | bifocal/progressive - \$13 | trifocal - \$13 | lenticular - \$13 | frame - \$13 | elective contacts - \$37 | visually required contacts - \$52.50. (For Members who reside > 25 miles from a network provider) eye exam - \$45 | single vision lenses - \$59 | bifocal/progressive - \$79 | trifocal - \$99 | lenticular - \$99 | frame - \$49 | elective contacts - \$89 | visually required contacts - \$200.

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.

DAVIS VISION EXTRAS!

Two 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.

Additional Savings Members will receive 50% off of additional complete pairs of eyeglasses and sunglasses at Visionworks and 30% off at other participating providers on the same transaction. Otherwise, a 20% discount off the provider's usual and customary rate is available. Contact lenses are available at a 10% discount.

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. For more information, visit www.davisvision.com.

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, or more information about Davis Vision, please log on to our member Web site or contact us at 1.888.234.5164.

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.

Administered by Davis Vision, which may operate as Davis Vision Insurance Administrators in California.