

Fairfax County Government is very pleased to provide this information about your vision care plan administered by Davis Vision, Inc., a leading national administrator of vision care programs. Enrollment in vision care benefits is automatic for employees who are enrolled in Fairfax County health insurance coverage.

How do I receive services from a provider in the network?

- Call the network provider of your choice and schedule an appointment.
- Identify yourself as a Davis Vision plan participant and Fairfax County Government employee, retiree, or dependent.
- Provide the office with the ID number located on your ID card and the name and date of birth of any covered individual needing services.

It's that easy! The provider's office will verify your eligibility for services, and no claim forms are required!

Who are the network providers?

They are licensed providers in both private practice and retail locations who are extensively reviewed and credentialed to ensure that stringent standards for quality service are maintained. Please access Davis Vision's website at www.davisvision.com and utilize the "Find a Provider" feature, or call **1-800-208-2112** to access the Interactive Voice Response (IVR) Unit, which will supply you with the names and addresses of the network providers nearest you.

What about retail locations?

In order to provide our members with the greatest amount of flexibility and convenience, Davis Vision makes available a number of retail establishments to our provider network. Benefits at retail locations (such as Visionworks and Wal-Mart) may vary slightly from other locations, as noted in this benefit description. However, your value is comparable.

What are the plan benefits, frequencies and costs?

EYE EXAMINATIONS	Every January 1, including dilation as professionally indicated.
In-Network Copayment	\$15
Out-of-Network	Reimbursed up to \$40

EYEGLASSES	Every January 1
In-Network Copayment	\$0

You may choose any Fashion, Designer or Premier level frame from Davis Vision's Frame Collection, covered in full. Or, if you select another frame in the network provider's office, a \$150 credit, plus a 20% discount* off any overage will be applied. This credit would also apply at retail locations that do not carry the Frame Collection. Members are responsible for the amount over \$150. If you choose a frame at any Visionworks family of store locations you will receive a \$200 credit, plus a 20% discount* toward your purchase and will be required to pay any additional costs. For more information on lenses, please see "What lenses/coatings are included?".

Out-of-Network	Reimbursed up to \$50 for frames, up to \$50 for single vision lenses, up to \$75 for bifocals, up to \$100 for trifocals, up to \$150 for lenticular (post-cataract) lenses.
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CONTACT LENSES	Every January 1
In-Network Copayment	\$0

In lieu of eyeglasses, you may select contact lenses. Any contact lenses from Davis Vision's Contact Lens Collection will be covered in full per the number indicated below. If you select contact lenses, a \$20 copayment will apply toward fitting/follow-up.

Davis Vision Premium Contact Lens Collection (includes evaluation, fitting, follow-up):

Disposable	Four boxes/multi-packs
Planned Replacement	Two boxes/multi-packs

In lieu of the Davis Vision contact lenses, members may use their \$150 credit, plus a 15% discount* off any overage toward the provider's own supply of contact lenses, evaluation, fitting and follow-up care. This credit would also apply towards all contact lenses received at participating retail locations..

Visually required contact lenses will be covered in full with prior approval.

Out-of-Network	Reimbursed up to \$40 for fitting and two follow-up visits, up to \$100 for elective contact lenses, and up to \$225 for visually required contact lenses with prior approval.
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* Discount does not apply at participating Walmart, Sam's Club or Costco locations.

Please note: Contact lenses can be worn by most people. Once the contact lens option is selected and the lenses are fitted, they may not be exchanged for eyeglasses. The Davis Vision collection is available at most participating independent provider locations.

Your provider reserves the right not to dispense materials until all applicable member costs, fees, and copayments have been collected.

What eyeglass lenses/coatings are included in-network?

- Plastic or glass single vision, bifocal or trifocal lenses, in any prescription range.
- Post-cataract lenses.
- Oversize lenses.
- Scratch-resistant coating.
- Tinting of plastic lenses.
- Glass grey #3 prescription lenses.
- Polycarbonate lenses for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.

Are there any optional frames, lens types or coatings available in-network?

Yes, you can pay** the low, discounted fixed fees indicated and receive these optional items:

- \$12 for ultraviolet coating.
- \$35 for standard ARC (anti-reflective coating). Premium ARC is \$48. Ultra ARC is \$60.
- \$50 for standard progressive addition lenses, \$90 for premium progressive addition lenses, \$140 for ultra progressive addition multifocal lenses.+
- \$30 for intermediate vision lenses.
- \$30 for polycarbonate lenses (for adults).
- \$55 for high-index (thinner and lighter) lenses.
- \$75 for polarized lenses.
- \$65 for plastic photosensitive lenses.

+ Progressive addition multifocals can be worn by most people. Conventional bifocals will be supplied at no additional cost for anyone who is unable to adapt to progressive addition lenses; however, the copayment is not refundable.

When will I receive my eyewear?

Your eyewear will be delivered to your provider from the laboratory generally within two to five business days. More delivery time may be needed when out-of-stock frames, ARC (anti-reflective coating), specialized prescriptions or a non "The Davis Vision Collection" frame is selected.

What about out-of-network provider benefits?

You may receive services from an out-of-network provider, although you can receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network. If you choose an out-of-network provider, you must pay the provider directly for all charges and then submit a claim for reimbursement to:

Vision Care Processing Unit
P.O. Box 1525
Latham, NY 12110

Only one claim per service may be submitted for reimbursement each benefit cycle. Claims must be filed within twelve months of the date of service. To request claim forms, please visit the Davis Vision website at www.davisvision.com or call 1-800-208-2112.

May I use the benefit at different times?

You may receive your eye examination and eyeglasses (or contact lenses) on different dates or through different provider locations, if desired. To maximize your benefit value we recommend that all services be obtained from a network provider.

Information about Laser Vision Correction Services:

Davis Vision provides you and your eligible dependents with the opportunity to receive Laser Vision Correction Services at discounts of up to 25% off a participating providers normal charges, or 5% off any advertised special (please note that some providers have flat fees equivalent to these discounts). Please check the discount available to you with the participating provider. For more information, please visit us at www.davisvision.com or call **1-800-208-2112**.

More special features:

- 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 Website for details.
- A one year unconditional breakage warranty is provided for all eyeglasses completely supplied through "The Davis Vision Collection".

Are there any exclusions?

The following items are not covered by this vision program:

- Medical treatment of eye disease or injury.
- Vision therapy.
- Special lens designs or coatings, other than those previously described.
- Replacement of lost eyewear.
- Non-prescription (plano) lenses.
- Contact lenses and eyeglasses in the same benefit cycle.
- Services not performed by licensed personnel.
- Two pairs of eyeglasses in lieu of a bifocal.

For more information, please visit Davis Vision's website at www.davisvision.com or call Davis Vision at 1-800-208-2112 to:

- Learn about the Davis Vision company.
- Find participating providers and where to access "The Davis Vision Collection" (which can also be viewed on-line).
- Request an out-of-network provider reimbursement form.
- Speak with a Member Service Representative.
- Ask any questions about your Vision Care benefits.

Member Service Representatives are available:

- Monday through Friday, 8:00 AM to 11:00 PM, Eastern Time,
- Saturday, 9:00 AM to 4:00 PM Eastern Time, and;
- Sunday, 12:00 PM to 4:00 PM Eastern Time.

Participants who use a TTY (Teletypewriter) because of a hearing or speech disability may access TTY services by calling **1-800-523-2847**.

Your rights as a patient:

Davis Vision recognizes that all patients have specific rights, including, but not limited to:

- The right to complete information about their health-care options and consequences.
- The right to participate in all treatment decisions.
- The right to dignity, privacy, confidentiality and non-discrimination.
- The right to complain or appeal any decision.

Patients also have the responsibility:

- To provide complete and accurate information.
- To follow care instructions.

For a complete copy of *Your Rights and Responsibilities As a Patient*, please visit Davis Vision's website at: www.davisvision.com or call 1-800-208-2112.

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Vision Care Plan Benefit Description

Sponsored by, and administered on behalf of the employees, retirees and eligible dependents of

Fairfax County Government

Please visit Davis Vision's website:

www.davisvision.com, and

enter client control code 4443 to utilize the open enrollment information,

or call 1-800-208-2112 with questions

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