

UAW RETIREE Medical Benefits Trust

Vision Plan



Frequency

Eye Examination: 12 months¹
 Spectacle Lenses & Lens Upgrades: 12 months
 Frame: 12 months
 Contacts, Evaluation & Fitting: 12 months

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.



Exams² & Services

Eye Exam copay:
\$0

Contacts evaluation, fitting & follow-up:
\$40 retail allowance³



Lenses

Lens copay:
\$0



Frame

Allowance:³
\$40



Contacts⁴
in lieu of eyeglasses

Allowance:³
\$75

The Exclusive Collection copay:

Fashion	Designer	Premier
Covered in full	\$15	\$40

Using your client code

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.

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 two-year breakage warranty. Some limitations apply.

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.

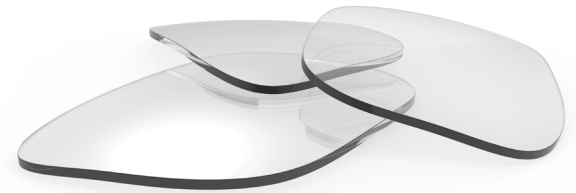
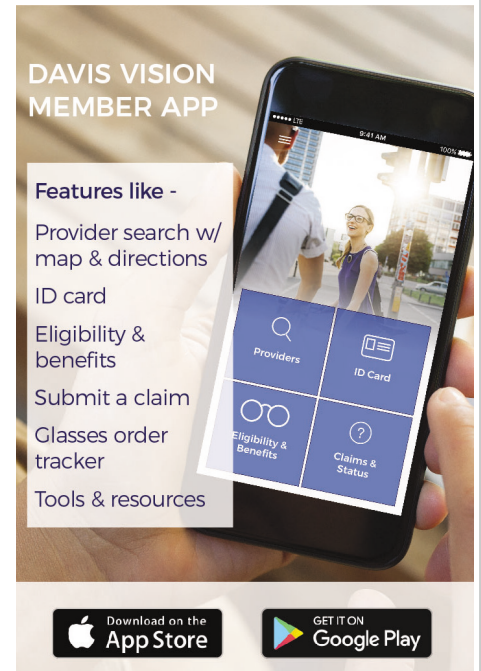


Copays for options & upgrades

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	Trifocal Lenses: \$13
Frame: \$13	Lenticular Lenses: \$13
Single-Vision Lenses: \$13	Elective Contact Lenses: \$37
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	Trifocal Lenses: \$99
Frame: \$49	Lenticular Lenses: \$99
Single-Vision Lenses: \$59	Elective Contact Lenses: \$89
Bifocal / Progressive Lenses: \$79	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.