

Davis Vision is pleased to offer **Fashion Excellence**, a Preferred Provider Organization (PPO) vision plan that provides you with great cost savings while offering superior access to vision care services.

Fashion Excellence Plan

Benefit	In-Network Coverage	Out-of-Network Reimbursement
Examination	Included	\$32
Frames Collection* Non-Collection Frames	Included \$60 Allowance or \$110 Allowance @ Visionworks Additional discount of 20% on any coverage	\$30
Eyeglass Lenses (per pair) Standard Lenses Single Vision Bifocal Trifocal Aphakic/Lenticular	Included Included Included Included	\$25 \$36 \$46 \$72
Contact Lenses Disposable Conventional (per pair) for example, Hard/Soft DailyWear Spherical, Bifocal, Toric, Gas Permeable	Included in Plan Formulary OR \$85 Elective Contact Lens Allowance** Additional discount of 15% on any non-collection contact lens coverage	\$85 combined allowance toward contact lens evaluation, fitting services & materials
Warranty	Unconditional breakage warranty to repair or replace any Davis Vision laboratory supplied eyeglasses for a period of one year from the date of delivery	
Laser Vision Correction	You receive up to 25% discount off Provider's usual and customary fees for laser correction services or 5% off any advertised special (whichever is lower)	
LENS 1-2-3	Exclusive mail-order contact lens replacement service	

*Davis Vision Fashion Frames from the Tower Collection are included with no copayment.

**\$85 combined allowance toward contact lens evaluation, fitting services and materials.

How do I find a Preferred Provider?

Visit the Davis Vision website at www.davisvision.com - click on "MEMBER" and enter Client Code "4054" in the Open Enrollment Box or call toll-free 1-877-923-2847 and enter Client Control Number "4054" to find the names and locations of nearby optometrists, ophthalmologists and optical suppliers who participate in the Preferred Provider Network.

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TWO OPTIONS:

STANDARD	ENHANCED
Eye Examination Every 12 months	Eye Examination Every 12 months
Eyeglasses OR Contact Lenses (in lieu of eyeglasses) Every 24 months	Eyeglasses OR Contact Lenses (in lieu of eyeglasses) Every 12 months
Annual Premiums	Annual Premiums
Individual \$74 Two-Party \$131 Family \$190	Individual \$90 Two-Party \$162 Family \$250
For 12 Consecutive Months of Coverage	For 12 Consecutive Months of Coverage

Sampling of In-Network Options

	You Pay only:
Sun Gradient Tinting	\$15
Scratch resistant treatment	\$ 0
Ultraviolet coating	\$15
Standard Anti-reflective lenses	\$40
Glass Photochromatic lenses	\$20
Designer Frame	\$20
Premier Frame	\$40
Premium Progressive Addition Lenses (PALS).....	\$105
Ultra-Progressive Lenses	\$140

These Plans are available to retirees who are members of PARSE. You and your dependents are eligible to enroll. Dependents include your spouse, unmarried dependent children under age 26 or to any age if incapable of self-sustaining employment by reason of mental or physical disability and chiefly dependent upon you for maintenance and support. **The Member's spouse must become an Associate Member of PARSE to be eligible to join the Dental/Vision Plans.**