University of Virginia
your vision plan

Client code: 4680

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

Exams & Services
Eye Exam copay: $0
Contacts evaluation, fitting & follow-up:
Collection lens
Covered in full when ordering contacts on the same date of service from the same provider

Frame
Allowance:
Other locations $130
Visionworks $180
+Additional 20% off any overage.

Lenses
Lens copay: $0

Contacts
Allowance:
$130
+Additional 15% off any overage.

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.

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.
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.

<table>
<thead>
<tr>
<th>Out-of-network reimbursement schedule (up to)</th>
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<tbody>
<tr>
<td>Eye Examination: $30</td>
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<tr>
<td>Frame: $30</td>
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<tr>
<td>Single-Vision Lenses: $25</td>
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<tr>
<td>Bifocal / Progressive Lenses: $35</td>
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<tr>
<td>Trifocal Lenses: $45</td>
</tr>
<tr>
<td>Lenticular Lenses: $60</td>
</tr>
<tr>
<td>Elective Contact Lenses: $75</td>
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<tr>
<td>Visually Required Contacts: $225</td>
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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.