UFCW Local One Health Care Fund

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!

> Patient Name Address Line 1 Address Line 2 City, State, Zip



Using your benefits is easy! Just log on to our Member site at davisvision.com and click "Find a Provider," or call us at 1.800.999.5431.

Make an appointment. Tell your provider you are a Davis Vision member with coverage through UFCW Local One Health Care Fund. 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 Premier Plan Benefits



Benefit	Frequency Once every -	In-network Copay		In-network Coverage
Eye Examination	every other January 1st (over age 26) January 1st (up to age 26)	\$0	Covered in full. Include	es dilation when professionally indicated.
Spectacle Lenses	every other January 1st (over age 26) January 1st (up to age 26)	\$0		n, bifocal, trifocal or lenticular prescription. Covered in full. Iditional lens options and coatings.)
Frame	every other January 1st (over age 26) January 1st (up to age 26)	\$0	Covered in Full Frames: OR, Frame Allowance:	Any Fashion, Designer or Premier level frame from Davis Vision's Collection' ¹ (retail value, up to \$195). \$32 credit toward any frame from provider.
Contact Lens Evaluation, Fitting & Follow Up Care	every other January 1st (over age 26) January 1st (up to age 26)	\$0	Davis Vision Collection Contacts: Standard, Soft Contacts:	Covered in full. Covered in full.
Contact Lenses (in lieu of eyeglasses)	every other January 1st (over age 26) January 1st (up to age 26)	\$0	Covered in Full Contacts: Planned Replacement Disposable OR, Contact Lens Allowance: OR, Visually Required Contacts:	From Davis Vision's Collection ^{/1} , up to: Two boxes/multi-packs* Four boxes/multi-packs* \$84 credit allowance toward any contacts from provider's supply. Covered in full with prior approval. *Number of contact lens boxes may vary based on manufacturer's packaging.
Finting of Plastic Lens Scratch-Resistant Coa Premium Scratch-Res Jltraviolet Coating Anti-Reflective Coating Polycarbonate Lenses High-Index Lenses: 1. Progressive Lenses: 3 Polarized Lenses Photochromic Lenses Digital Single Vision Li Scratch Protection Pla Frivex Lenses	n Frames: Fashio es istant Coating g: Standard Prei 67 1.74 Standard Premiu (i.e. Transitions®, enses in: Single Vision	n Designer I mium Ultra U m Ultra Ultir etc.)/ ³ : Plastic Multifocal Lens	and coatings! Member Price Premier \$0 \$0 \$ \$3 \$ \$3 \$ Jltimate \$35 \$48 \$60 \$8 \$0?=\$3 \$55 \$12 mate \$0 \$50 \$10 \$13 \$65 \$ \$3 Sees \$20 \$45 \$45 \$50 \$10 \$10 \$13 \$3 \$55 \$12 \$10 \$13 \$10 \$13 \$65 \$ \$3 \$65 \$ \$3 \$65 \$ \$3 \$55 \$12 \$10 \$10 \$13 \$13 \$46 \$10 \$13 \$13 \$65 \$ \$55 \$10 \$10 \$10 \$13 \$13 \$65 \$1 \$10 \$10 \$13 \$13 \$10 \$10 \$13 \$13 \$10 \$10 \$13 \$10 \$13 \$10 \$10 \$13 \$10 \$10 \$13 \$10 \$10 \$13 \$10 \$10 \$13 \$10 \$10 \$10 \$13 \$10 \$10 \$10 \$10 \$13 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10	locations. Collection is subject to change. Collection is inclusive of select toric and multifocal contacts. For dependent children, monocular patients and patients with prescriptions of +6.60 diopters or greater. Transitions [®] is a registered trademark of Transitions Optical Inc. Transitions [®] is a registered trademark of Transitions Optical Inc. Transitions [®] is a registered trademark of Transitions Optical Inc. Transitions [®] is a registered trademark of transitions Optical Inc. Transitions [®] is a registered trademark of transitions of the optical Inc. Transitions [®] is a registered trademark of transitions Optical Inc. Transitions [®] is a registered trademark of transitions optical Inc. Transitions [®] is a registered trademark of transitions optical Inc. Transitions [®] is a registered trademark of transitions optical Inc. These note: Your provider reserves the right to not dispense materials until al 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 eyglasses. Progressive and evaluation and third allowance will be upplied for egas. Progressive and evaluation and fitting. May not be combined with other discounts or offers. Please be advised these lens options and copayments apply to in-network benefits.

DavisVision^{*} ID #:

www.davisvision.com | 1.800.999.5431

Fully insured product Underwritten by HM Life Insurance Company. Admin which may operate as Davis Vision Insurance Administrators in California.

United Food & Commercial Workers District Union Local One

Name: Affiliation: **Davis**Vision[®] ID #: Name:

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Affiliation:

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Cards may be used as proof of identification to receive vision care benefits. The provider will check with Davis Vision to verify your eligibility. For additional copies of your ID card, visit our Member site at davisvision.com.

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