

Add Value to Your Plan

With these Features...

One-Year Breakage Warranty

- On all Davis Collection Eyeglasses

Mail Order Contact Lens Replacement

- Free Membership to Lens 1-2-3

Laser Vision Correction

- Discount 5% of Advertised Special

Low Vision Coverage

- One (1) Comprehensive Exam every 5 Yrs

Low Vision – Follow Up

- Four (4) Visits in any 5 Year Period

You now have Out of Network Benefits!

OUT OF NETWORK	REIMBURSEMENT SCHEDULE	LOW / HIGH PLAN
Eye Exam		Up to \$30
Spectacle Lenses (Per Pair)	Single (up to)	Up to \$25
	Bifocal (up to)	Up to \$35
	Trifocal (up to)	Up to \$45
	Lenticular (up to)	Up to \$60
Frames		Up to \$30
Elective Contact Lenses		Up to \$75
Medically Necessary	Subject to Davis Prior Approval	Up to \$225

It's Easy to Enroll with Paperless Enrollment.

Vision Care Demand

- ❖ Approximately 65% of all Americans need vision correction
- ❖ 1 out of 4 children ages 5 to 12 has a vision problem that will affect educational performance
- ❖ Average Cost for frame, lenses and eye exam nationally estimated at \$409.93, can pose a financial hardship.

Work & Vision Care

- ❖ Over 72% of the working population requires some form of vision correction
- ❖ Over 90% of those who use a computer at least three hours a day suffer from eye strain
- ❖ Uncorrected vision can decrease employee performance by as much as 20%

Why Davis Vision

- ❖ National provider network of nearly 30,000 ophthalmologists, optometrists and retailers in private practice and retail settings
- ❖ Vertical integration with sister companies to offer greatest value for members and client
 - Eye Care Centers of America (largest U.S.-owned specialty optical retail chain)
 - Viva International Group (a worldwide leader in frame and sunglass distribution and manufacturing)
- ❖ 100% U.S.-based live customer service dedicated solely to vision care 7 days a week



Underwritten by Davis Vision

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CUSTOMIZE YOUR BENEFIT PLAN

Eligibility: All Active EE's regularly scheduled to work
Waiting Period: May elect Date of Hire or 30, 60, 90 or 180 days
Hours Worked: Minimum of 20, 25, 30, 35, 40

Spouse/Dependents:
Employer Contributions:
Participation Required:

Lawful Spouse, Domestic Partners, Children Age 19/24 if Student
 Contributory / Voluntary
 Dual Option – Minimum of 2 lives (Contrib. / Voluntary)

CONTACT LENS COLLECTION

TYPE SERVICES	LENS	BRAND/MFR
Daily Wear Includes two lenses. With proper handling and care these lenses will last up to approximately one year.	Cooper Clear DW	Cooper / OSI
	Z4 Softblue	Cooper / OSI
	Z6 Softblue	Cooper / OSI
	Silver 07	Cooper / OSI
Planned Replacement Includes two boxes. Due to their extended wearing features these resilient lenses can last up to approximately one year depending on the provider recommended wearing schedule.	Purevision (Silicon Hydrogel)	Bausch & Lomb
	Proclear Compatibles	Cooper / OSI
	Frequency 38	Cooper / OSI
Disposable Includes four or eight boxes (depending on plan design)	Frequency 55	Cooper / OSI
	Softens 38 (6 pack)	Bausch & Lomb
	Focus Dailies (30 Pack)	CIBA Vision
	Encore Premium	CIBA Vision
	02 Optix	CIBA Vision
	Cooper Clear FW	Cooper / OSI
	Biomedics XC / 38 / 55	Cooper / OSI
	Clear Site (1 Day 30 Pack)	Cooper / OSI
	Freshlook LT	Cooper / OSI
	Acuvue Acuvue 2 Acuvue Advance 1-Day Acuvue	Johnson & Johnson

PLAN I	FREQUENCY	FASHION LOW PLAN
Eye Examination	Once Every	12 Months
Spectacle Lenses	Once Every	12 Months
Frame	Once Every	24 Months
Contact Lenses	Once Every (in lieu of Eyeglasses)	12 Months
CO-PAYMENTS		
Eye Examination	With Dilation	\$10.00
Contact Lens	In Lieu of Eyeglasses	None
Eyewear Fashion/Designer	Frames & Formulary Contact Lens	None
FRAMES-DAVIS		
Fashion Level	Up to \$125 retail value	Covered In-Full
Designer Level	Up to \$175 retail value	\$15.00
Premier Level	Up to \$225 retail value	\$40.00
Non-Davis Collection	Wholesale Credit	\$30.00 Allowance
SPECTACLE DAVIS LENSES	LENS OPTIONS	CO-PAY
Rx and Sizes	All Ranges	Covered In-Full
Glass or Plastic Lens	Optional Choice	Covered In-Full
Glass-Grey #3	Rx Sunglass Lenses	Covered In-Full
Scratch Resistant Coating	Optional Choice	\$20.00
Progressive Lenses	Standard	\$65.00
Anti-Reflective Coating	Standard	\$40.00
	Premium	\$55.00
Polarized Lenses	Optional Choice	\$75.00
Ultraviolet Coating	Optional Choice	\$15.00
CONTACT LENSES	IN LIEU OF EYEGLASSES	CO-PAY
Formulary (Includes Fitting)	Follow-up Care & Supp Allowance	N/A
Medically Necessary	Subject to Prior Approval	Covered In-Full
Non-Formulary	Retail Credit	Up to \$100 + 15% discount

PLAN II	FREQUENCY	DESIGNER HIGH PLAN
Eye Examination	Once Every	12 Months
Spectacle Lenses	Once Every	12 Months
Frame	Once Every	12 Months
Contact Lenses	Once Every (in lieu of Eyeglasses)	12 Months
CO-PAYMENTS		
Eye Examination	With Dilation	\$0.00
Contact Lens	In Lieu of Eyeglasses	None
Eyewear Fashion/Designer	Frames & Formulary Contact Lens	None
FRAMES-DAVIS		
Fashion Level	Up to \$125 retail value	Covered In-Full
Designer Level	Up to \$175 retail value	Covered In-Full
Premier Level	Up to \$225 retail value	\$25.00
Non-Davis Collection	Wholesale Credit	\$45.00 Allowance
SPECTACLE DAVIS LENSES	LENS OPTIONS	CO-PAY
Rx and Sizes	All Ranges	Covered In-Full
Glass or Plastic Lens	Optional Choice	Covered In-Full
Glass-Grey #3	Rx Sunglass Lenses	Covered In-Full
Scratch Resistant Coating	Optional Choice	\$20.00
Progressive Lenses	Standard	\$50.00
Anti-Reflective Coating	Standard	\$35.00
	Premium	\$48.00
Polarized Lenses	Optional Choice	\$75.00
Ultraviolet Coating	Optional Choice	\$12.00
CONTACT LENSES	IN LIEU OF EYEGLASSES	CO-PAY
Formulary (Includes Fitting)	Follow-up Care & Supp Allowance	Covered In-Full
Medically Necessary	Subject to Prior Approval	Covered In-Full
Non-Formulary	Retail Credit	Up to \$105 + 15% discount

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