

# Discover <sup>3</sup>O

VISION CENTERS

Exhibit A  
2017

DVC Routine Vision Plan	In Network	Out of Network (reimbursement)
Vision Examination Once per service year	\$10.00 co-pay	\$40.00
Frame Once every two service years Up to \$100 allowance	\$20.00 co-pay	\$55.00
Lenses Once per service year		
Standard single vision	Covered 100%	\$30.00
Standard bifocal	Covered 100%	\$50.00
Standard trifocal	Covered 100%	\$70.00
Standard lenticular	Covered 100%	\$70.00
<u>Lens Options</u>		N/A
Progressive – “No Line”		
Good - Image	\$65.00	
Premium – Gradal Top, AO Compact	\$95.00	
Deluxe – Zeiss Choice	\$105.00	
Custom – Zeiss Choice Plus	\$150.00	
Individual – Available at a 20% discount		
Polycarbonate (standard)	\$45.00	
Mid Index (thin and light)	\$75.00	
Glass Lenses	\$50.00	
Transitions	\$75.00	
UV Blocker (CR-39)	\$15.00	
Scratch-resistant coating	\$15.00	
Anti-reflective coating – Teflon	\$70.00	
Purecoat Anti-Reflective	\$95.00	
Contact Lenses* Elective – In lieu of spectacle lenses and a frame in accordance with the benefit period	\$125.00 allowance	\$105.00
Contact Lenses Medically necessary	\$200.00 allowance	N/A
Additional Eyewear	20% off usual and customary fees	N/A

\*\$125.00 elective contact lens allowance may be applied toward contact lenses only, or for contact lenses and professional services (fitting fees). You may use the \$125.00 in increments throughout the plan period, not to exceed \$125.00. Contact lenses are in lieu of spectacle lenses and a frame in accordance with the benefit period.

## Eye Examination

Members are eligible for a comprehensive eye examination once per Service Year with a \$10 co-payment per visit.

A comprehensive eye examination includes screening for eye diseases and signs of other eye diseases, analysis of vision performance, and prescription of glasses when indicated. Dilation of the pupils is usually performed unless medically inappropriate. The fitting or prescription of contact lenses, periodic contact lens progress evaluations, and other contact lens services are not part of the comprehensive eye exam.

## Eyewear (Frame and Lenses)

An eyewear (Frame and Lens) benefit is available every two Service Years with a \$20 co-payment.

The Frame and Lens eyewear benefit has a combined retail value of \$205.00. This consists of the following frame and lens components:

Frame Allowance - Retail	\$100.00
Lenses - Standard plastic (CR-39) single vision, bifocal (flat top 28) lens, trifocal or lenticular	<u>\$105.00</u>
Total eyewear benefit	\$205.00

Quality frames at this price point are always available through our participating doctors= offices. Eligible participants may upgrade their frame by paying the difference between the customary fee and \$100. Standard plastic (CR-39) single vision, bifocal (flat top 28), trifocal or lenticular lenses are provided (\$105 value) as well. This includes lenses of any power and prism, slab-off prism, or special base curves as medically necessary. Lens upgrades, such as different materials, designs, or coatings, are available at additional cost with credit given for the standard lens as prescribed.

## Eyewear (Lenses)

An eyewear (Lens) benefit is available every Service Year with a \$20 co-payment.

The Lens eyewear benefit has a retail value of \$105.00. This consists of Standard plastic (CR-39) single vision, bifocal (flat top 28), trifocal or lenticular lenses are provided (\$105 value) as well. This includes lenses of any power and prism, slab-off prism, or special base curves as medically necessary. Lens upgrades, such as different material, designs, or coatings, are available at additional cost with credit given for the standard lens as prescribed.

**Specific charges for the most commonly requested lens upgrades are as follows:**

<b>Progressive – “No Line”</b>	
<b>Good - Image</b>	<b>\$65</b>
<b>Premium – Gradal Top, AO Compact</b>	<b>\$95</b>
<b>Deluxe - Zeiss Choice</b>	<b>\$105</b>
<b>Custom – Zeiss Choice Plus</b>	<b>\$150</b>
<b>Individual – Available at a 20% discount</b>	
<b>Polycarbonate (standard)</b>	<b>\$45</b>
<b>Mid Index (thin and light)</b>	<b>\$75</b>
<b>Glass lenses</b>	<b>\$50</b>
<b>Transitions (changeable tint)</b>	<b>\$75</b>
<b>UV blocker (CR-39)</b>	<b>\$15</b>
<b>Scratch-resistant coating</b>	<b>\$15</b>
<b>Anti-Reflective coating - Teflon</b>	<b>\$70</b>
<b>Purecoat Anti-Reflective</b>	<b>\$95</b>

Children up to age 18 with a frame eye size up to 48 are upgraded to polycarbonate lenses at no additional charge.

Additional complete pairs of glasses (frames and lenses) are available at a 20% discount from usual and customary prices. Ready-to-wear non-prescription sunglasses and reading glasses and other eyewear supplies (cases, cleaners, etc.) are also available at a 20% discount from usual and customary prices.

Contact Lenses

Contact Lenses - Elective – In lieu of spectacle lenses and a frame in accordance with the benefit period – once every two service years. \$125.00 elective contact lens allowance may be applied toward contact lenses only, or for contact lenses and professional services (fitting fees). You may use the \$125.00 in increments throughout the plan period, not to exceed \$125.00.

**Other contact lens professional services and contact lenses are available at 20% discount from usual and customary fees.**

LASIK (Laser Vision Correction Surgery)

LASIK refractive surgery services utilizing the excimer laser to reshape the front surface of the eye are **not covered** by the comprehensive eye exam, but a Member may elect to pay for such services provided by our participating LASIK surgeons and their staff **at a preferred fee of 10% off retail price**. The preferred fees will not exceed the following:

<b>Custom LASIK, Custom PRK, Femto Bladeless LASIK</b>	<b>\$2300/eye</b>
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## **Medical and Surgical Eye Care**

This plan is intended to provide coverage for routine vision care needs. When the comprehensive eye examination indicates that further evaluation or treatment is necessary, **this plan does not cover** such evaluation and treatment, however, the Members' underlying medical insurance usually provides coverage. Our participating doctors' offices are also participating providers in most major medical insurance and managed care plans. This ensures continuity and coordination when non-routine care is required.

## **Out of Network Benefits**

Benefits are available when using a non-network provider. Once an exam or optical benefits are used out of network the member is responsible for filing the claim for reimbursement. The claims are filed to:

Discover Vision Centers  
Attn: Mindy Hamilton  
4801 Cliff Ave., Suite 100  
Independence, MO 64055

Payment, qualified reimbursement, will then be made directly to the member. Out of Network reimbursement forms will be available to the members through their Human Resource departments.