

The Collection

Our plans offer members a generous frame allowance to use toward any frame of their choice or the option to choose their frame from our exclusive Collection of over 200 name brand frames. Each comprehensive plan includes a selection of Collection frames that are covered in full (retail value up to \$225).



Covered-In-Full Contact Lenses

Contact lens wearers will find the same outstanding value and quality with CS Benefits and Davis Vision's Contact Lens Collections, our value-added option to the contact lens allowance. Members who select from our popular Collection of contact lenses receive their evaluations, fitting, follow-up care, and contact lenses – covered up to \$130! To see the full Formulary List of Contacts, please visit us at www.mycsbenefits.com.

Unparalleled Value on Lens Options

Standard lenses such as single vision, bifocals, trifocals, and lenticular lenses are covered in full, and many extras are included at no cost for members. Plus, many of the most popular lens options are offered at significantly reduced prices.

Value Added Benefit

Digital Progressive Lens now available at a discounted rate.

Network Choice

Freedom of choice in selecting a vision provider is a core value to us. We offer out-of-network options to all members. The member is responsible for the difference between the out-of-network provider's charge and the negotiated schedule of a network provider. If a Davis network provider is not available within 30 miles of a member's home or there is no provider that adequately meets the particular health care needs of a member, we allow access to a non-participating provider. In this case, there is no additional cost beyond what the member would normally pay for the same in-network service. To learn more about your network choices, contact us at www.davisvision.com.

Bi-Weekly Rates

Effective 1/01/2015

Employee	\$4.47
Employee + One	\$7.87
Employee + Family	\$11.27

For More Information Please
Call 1-800-440-2468

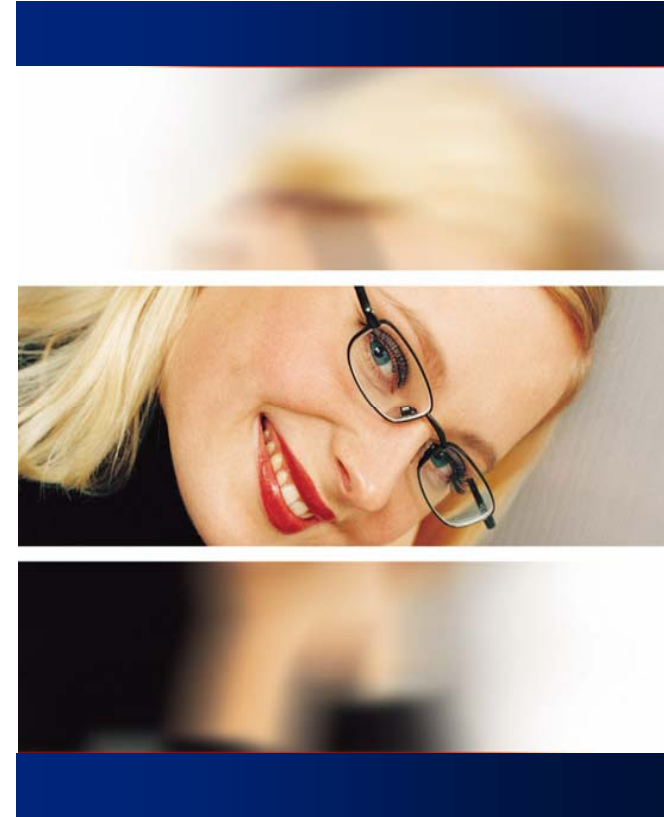
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OUR FOCUS



IS YOUR VISION

Vision Care Plan Benefit
Description for

FEDERAL GOVERNMENT
EMPLOYEES

Vision Plan Services & Benefits

Special Features of Your Davis Vision Plan

Low Vision Services:

You and your covered dependents are entitled to a comprehensive low vision evaluation once every five years and low vision aids up to the plan maximum. Up to four follow-up care visits will be covered during the five year period.

Laser Vision Correction Services:

Davis Vision provides you and your eligible dependents with the opportunity to receive Laser Vision Correction Services at discounts of up to 25% off a participating providers normal charges, or 5% off any advertised special (please note that some providers have flat fees equivalent to these discounts). Please check the discount available to you with the participating provider. For more information, please visit www.DavisVision.com or call 800.999.5431.

Contact Replacements by Mail

Free membership and access to Lens 123, a mail order replacement contact lens service, providing a fast and convenient way to purchase replacement contact lenses at significant savings. For more information, please call 1-800-LENS-123 (1-800-536-7123) or visit the Lens 123 website at www.Lens123.com.

This is only a brief summary of the benefits in the Vision Plan. Refer to the Certificate of Insurance for complete details.

** Contact Lenses are available in lieu of frames and lenses. Once lenses are fitted, they cannot be exchanged. Routine eye examinations do not include professional services for contact lens evaluations. Any applicable fees are the responsibility of the patient.*

*** Additional discount does not apply at participating Walmart and Sam's Club locations. Conventional bifocals will be supplied at no additional cost for anyone who is unable to adapt to progressive addition lenses; however, the co-payment is not refundable.*



Service with a Human Touch.



Benefits	In-Network	Out-Of-Network
Exams (Includes dilation when medically necessary) Co-Pay Frequency	\$0 Co-Pay Once Every 12 months	Reimbursed up to \$40 Once every 12 months
Eyeglass Lenses Co-Pay Frequency Single Bifocal Trifocal Lenticular Optional Lenses: Oversize Lenses Ultraviolet Coating Scratch-Resistant Blended Segment Polycarbonate Photochromic Glass Intermediate Progressive Multifocal Std Glass Grey#3 Prescription Sunglass Lenses Anti-Reflective Std Anti-Reflective Prem Anti-Reflective Ultra High Index Progressive Multifocal Prem* Plastic Photosensitive Polarized	\$0 Co-Pay Once Every 12 months Paid in Full Paid in Full Paid in Full Paid in Full Paid in Full \$12 Co-Pay \$20 Co-Pay \$20 Co-Pay *\$0 or \$30 Co-Pay* \$20 Co-Pay \$30 Co-Pay \$50 Co-Pay Paid in Full \$35 Co-Pay \$48 Co-Pay \$60 Co-Pay \$55 Co-Pay \$90 Co-Pay \$65 Co-Pay \$75 Co-Pay	Once Every 12 months Reimbursed up to \$40 Reimbursed up to \$60 Reimbursed up to \$80 Reimbursed up to \$80 n/a n/a n/a n/a n/a n/a n/a n/a n/a n/a n/a n/a n/a n/a n/a n/a n/a
Frames Frequency Fashion Collection Designer Collection Premier Collection All Other	Once Every 12 months Paid in Full Paid in Full \$25 Co-Pay \$130 allowance and 20% discount on excess**	Once Every 24 months n/a n/a n/a \$65 allowance
Contact Lenses Frequency Medically Necessary (With Prior Approval) Davis Vision Collection Disposable Planned Replacement Retail Allowance Evaluation, Fitting, and Follow-Up Davis Vision Collection Non-Collection Standard Non-Collection Specialty	Once Every 12 months Paid in Full Paid in Full 4 multi-packs 2 multi-packs \$130 allowance and 15% discount on excess** Paid in Full 15% discount 15% discount	Once Every 12 months Reimbursed up to \$225 Reimbursed up to \$105 Reimbursed up to \$105 Reimbursed up to \$105 n/a n/a n/a

Polycarbonate lenses COVERED-IN-FULL for dependent children monocular patients and patients with prescriptions \geq +/- 6.00 diopters

Eligible Dependents are all children who are not married, who are less than 26 years of age and who live with you and are dependent on you for principal support and maintenance.

Vision Q & A

How do I receive services from a provider in the network?

Simply, call the network provider of your choice and schedule an appointment. Identify yourself as a Davis Vision plan participant. You will be asked to provide the name(s) and date of birth of any covered member needing service. No claim forms are required. Be prepared with your personal I.D. number when you call.

Who are the network providers?

The Davis Vision network have licensed providers in both private practice and retail locations who are extensively reviewed and credentialed to ensure that stringent standards for quality service are maintained. To Find a Provider, go to www.mycsbenefits.com, click on Vision or call 800.999.5431 to be directed to the network providers nearest you.

Can I access care at a retail location?

In order to provide our members with the greatest flexibility and convenience, Davis Vision has a number of retail establishments in the provider network. Benefits at retail locations may vary slightly from other locations, as noted in this benefit description.

What about out-of-network provider benefits?

Although you can receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network, you can choose an out-of-network provider. You must pay the provider directly for all charges and then submit a claim for reimbursement to:

Vision Care Processing Unit
PO Box 1525
Latham, NY 12110

Only one claim per service may be submitted for reimbursement each benefit cycle. To obtain a claim form, please visit our website at www.mycsbenefits.com.

Are there any exclusions?

The following items are not covered by this vision program:

- Medical treatment of eye disease or injury.
- Vision therapy.
- Special lens designs or coatings, other than those previously described.
- Replacement of lost eyewear.
- Non-prescription (plano) lenses.
- Contact lenses and eyeglasses in the same benefit cycle.
- Services not performed by licensed personnel.
- Two pairs of eyeglasses in lieu of a bifocal.