KANSAS CITY LIFE

GROUP BENEFITS

VISION COVERAGE

For: City of Pagedale

Division Name: City of Pagedale

Group Number: 26832

Class 1 - AFTA EEs 30+hrs/wk excludes Council Members

In-Network Benefits	
Eye Examination	Every 12 months, COVERED IN FULL after $10 co-payment
Eyeglasses	
Spectacle Lenses	Every 12 months, COVERED IN FULL. For standard single-vision, lined bifocal, lenticular or trifocal lenses after $25 copayment.
Frames	Every 12 months, COVERED IN FULL. Any Designer Frame from Davis Vision's Collection[1] OR $150.00 retail allowance toward any frame from provider, plus 20% off balance[2].
Contact Lenses	
Contact Lens Evaluation, Fitting Follow-Up care	Every 12 months. Collection Contacts: COVERED IN FULL after $25 copayment. Non-Collection Standard Contacts: 15% discount[2] OR Non-Collection Specialty Contacts: 15% discount[2]
Contact Lenses (in lieu of eyeglasses)	Every 12 months, COVERED IN FULL. Any contact lenses from Davis Vision's Contact Lens Collecton[1] OR $130 retail allowance toward any lens from provider, plus 15% off balance[2]

Out-Of-Network Reimbursement Schedule
Eye Examination up to $40 / Frame up to $45 / Spectacle Lenses (per pair) up to: Single Vision $40, Bifocal $60, Trifocal $80, Lenticular $80. Elective Contacts up to $120, Medically necessary contacts up to $210.

Rates	12/12/12
Employee	$5.17
Employee + Spouse	$9.30
Employee + Child/ren	$9.82
Family	$15.49

Product Features

• Replacement contacts through www.davisvisioncontacts.com mail-order contact lens replacement service, saving both time and money.

• Laser Vision Correction discounts of up to 25% off the provider's Usual & Customary fees or 5% off advertised specials, whichever is lower.

• One-year eyeglass breakage warranty included on plan eyewear at no additional cost.

[1] *The Davis Vision Collection is available at most participating independent provider locations.*

[2] *Additional discounts not applicable at Walmart locations.*

Vision Network

It's easy to locate a service provider in the network. Log on to the Open Enrollment/Discount Plan section of the Member site at www.davisvision.com and enter **Client Code 2834** or call, 1.888.336.7606.

Claims Processing

In-Network claims will automatically be sent from the provider to Davis Vision. Out-of-Network claim reimbursement forms should be mailed to Kansas City Life Vision Care Processing Unit, PO Box 1525, Latham, NY 12110. Claims phone number is 1.888.336.7606.

This outline is intended to be a brief summary of your benefits and does not include all plan provisions and limitations. Details of your benefits may be found in your certificate booklet. If there are any discrepancies between this outline and the certificate, the certificate governs.