

vision

DAVIS VISION OVERVIEW

With Kansas City Life's Group Vision plan, you will be offering a benefit that is attractive to employers because of its affordability. Yet it is highly used by employees. Plus, our dual-choice plan is unique because employees and their family members are not locked into using the network to receive benefits.

BENEFIT OPTIONS

Employers may choose to have a copay for exams, lenses and frames. Frames may also be covered every 12 or 24 months.

VALUE-ADDED FEATURES:

- Replacement contacts through *DavisVisionContacts.com* mail-order contact lens replacement service, saves both time and money.

NETWORK OPTIONS

It's easy to locate one of the more than 100,000 points of access in the network. Just log on to the *Open Enrollment/Discount Plan* section of the Member site at www.davisvision.com and enter Client Code 2834 or call 888-336-7606.

In-Network Benefits*	
Eye examination	Every 12 months, covered in full after copayment
Eyeglasses	
Spectacle lenses	Every 12 months, covered in full. For standard single-vision, lined bifocal, lenticular or trifocal lenses after copayment
Frames	Every 12 or 24 months, covered in full. Any designer frame from Davis Vision's collection (value up to \$160), or \$150 retail allowance toward any frame from provider, plus 20% off balance
Contact Lenses	
Contact lens evaluation, fitting and follow-up care	Every 12 months. Collection contacts: covered in full after copayment. Non-collection standard contacts: 15% discount, or noncollection specialty contacts: 15% discount
Contact lenses (in lieu of eyeglasses)	Every 12 months – covered in full. Any contact lenses from Davis Vision's contact lens collection up to: Planned Replacement – two boxes/multi-packs** Disposable – four boxes/multi-packs** or \$130 retail allowance toward any lens from provider, plus 15% off balance

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

*Other plan options may be available.

**Number of contact lens boxes may vary based on manufacturer's packaging.

VSP® Vision Care

VSP® VISION CARE OVERVIEW

Better sight is within reach. With vision insurance from Kansas City Life Insurance Company, employees will have benefits for eye exams, as well as coverage for glasses and contact lenses. Kansas City Life partners with VSP, a national vision care company.

BENEFIT OPTIONS

Employers may choose to have a copay for exams, lenses and frames. Frames may also be covered every 12 or 24 months. Employers may also select either \$130 or \$150 retail allowance for in-network frames and elective contacts.

NETWORK OPTIONS

Employees who enroll will have the freedom to choose a provider who is right for them. They may choose from 95,000 access points, including the largest national network of independent doctors and more than 5,700 participating retail chain locations. For added convenience, 84% of VSP Doctors offer early morning, evening and weekend appointments, and 24-hour access to emergency care. Benefits are also available to enrollees who may choose to seek services from an out-of-network provider. Review the network at www.vsp.com/find-eye-doctors.html.

VSP® In-Network Benefits

Eye examination	Covered in full after applicable copayment, every 12 months
Materials	If applicable, copayment applies to spectacle lenses, frames or contact lenses
Spectacle lenses	Standard single-vision, lined bifocal, lined trifocal, and lenticular lenses every 12 months
Frames	Applicable retail allowance toward any frame every 12 or 24 months
Elective contact lenses (in lieu of eyeglasses)	Applicable allowance for contact lenses, fitting and evaluation, every 12 months
Necessary contact lenses (in lieu of eyeglasses)	Covered in full after applicable copayment, every 12 months

Out-Of-Network Reimbursement Schedule – Visit vsp.com for details, if you plan to see a provider other than a VSP network provider

Eye examination up to \$45; frames up to \$70; spectacle lenses (per pair) up to: single vision \$30, lined bifocal \$50, lined trifocal \$65, lenticular \$100. Elective contacts up to \$210, necessary contacts up to \$210.

VSP® is a registered trademark of Vision Service Plan.