Sandia National Laboratories is pleased to provide this information about your discount program administered by Davis Vision, Inc., a leading national administrator of vision care programs. Eligibility for vision care benefits is determined by the same rules that apply to your health care benefits.

What are my services?
Through special arrangements, Sandia National Laboratories provides a discount on an eye examination and discounts on eyewear and contact lenses to members. Please see the “Member Discount Fee Schedule” for pricing information.

How do I receive services from a provider in the network?
- Call the network provider of your choice and schedule an appointment.
- Identify yourself as a Davis Vision and Sandia National Laboratories retiree or dependent.
- Provide the office with the member ID number located on your Davis Vision ID card and the name and date of birth of any covered dependent needing services.

It’s that easy! The provider’s office will verify your eligibility for services, and claim forms are not required!

Who are the network providers?
They are 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. Please access Davis Vision’s website at www.davisvision.com and utilize the “Find a Doctor” feature, or call 1.888.575.0191 to speak with Member Services who will supply you with the names and addresses of the network providers nearest you.

What if my usual provider does not participate in the Davis Vision network?
You may recommend your provider for participation by writing to:
Provider Recruitment
HVHC, Inc.
175 E. Houston St.
San Antonio, TX 78205
Member Discount Fee Schedule:

**Eye Examinations**
Routine Eye Examination with Dilation (Once Every Year, with benefit resetting the 1st of the month) .............................................. 15% off Usual and Customary

**Frames**
Priced up to $70 retail ......................................................................................................................................................................................... $40
Priced above $70 retail ....................................................................................................................................................................................... $40, plus 10% off the amount over $70

**Spectacle Lenses**
Single Vision ............................................................................................................................................................................................... $35
Bifocal .............................................................................................................................................................................................................. $55
Trifocal ........................................................................................................................................................................................................... $65
Lenticular ...................................................................................................................................................................................................... $110

Lens Options (Add to spectacle lens prices above)**
Standard Progressive .................................................................................................................................................................................. $75
Premium Progressive ............................................................................................................................................................................... $125
Glass Lenses .................................................................................................................................................................................................. $18
Polycarbonate Lenses ........................................................................................................................................................................... $30
Scratch-Resistant Coating ....................................................................................................................................................................... $20
ARC (anti-reflective coating) .................................................................................................................................................................. $45
Ultraviolet (UV) Coating ........................................................................................................................................................................ $15
Solid Tint ......................................................................................................................................................................................................... $10
Gradient Tint..................................................................................................................................................................................................... $12
Glass Photochromic Lenses .................................................................................................................................................................... $35
Plastic Photosensitive Lenses ................................................................................................................................................................. $65
Polarized Lenses ................................................................................................................................................................................................... $75
High Index Lenses ................................................................................................................................................................................................ $55
Intermediate Lenses ................................................................................................................................................................................................ $30
Blended Lenses ....................................................................................................................................................................................................... $20

Contact Lenses
Conventional ............................................................................................................................................................................................... 20% off Usual and Customary
Disposable/Planned Replacement ................................................................................................................................................................. 10% off Usual and Customary
LENS123™ Mail Order Contact Lens Replacement Program ........................................................................................................... up to 50% off Retail Prices

**Other Products**

- Laser Vision Care Services .................................................................................................................................................................. Up to 25% off Usual and Customary †
- Non-Prescription Sunglasses ................................................................................................................................................................. 20% off Usual and Customary
- Other Ancillary Products/Solutions ......................................................................................................................................................... 10% off Usual and Customary

*Please Note: Special lens designs, materials, powers and frames may require additional cost.
**These lens options and copays apply to in-network benefits only.
† At Wal-Mart or Sam’s Club, members will receive comparable values through their everyday low price on an eye examination, frame, and contact lens purchases
† Or receive an additional 5% discount on any advertised specials — whichever is lower. Please note that some providers have flat fees that are equivalent to these discounts.

Information about 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 provider’s 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 us at www.davisvision.com or call 1.800.999.5431.

Mail Order Contact Lenses:

Free membership and access to a mail order replacement contact lens service, LENS123, provides 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 LENS123 website at www.LENS123.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.
- Services not performed by licensed personnel.
For more information, please visit Davis Vision’s website at www.davisvision.com or call Davis Vision at 1.888.575.0191 to:

• Learn more about this program
• Locate a Davis Vision provider
• Verify eligibility
• Print an enrollment confirmation
• Contact a Member Service Representative

**Member Service Representatives are available:**

• Monday through Friday, 6:00 am to 9:00 pm, Mountain Time
• Saturday, 7:00 am to 2:00 pm, Mountain Time
• Sunday, 10:00 am to 2:00 pm, Mountain Time

Participants who use a TTY (Tele typewriter) because of a hearing or speech disability may access TTY services by calling 1-800-523-2847.

**Your rights as a patient:**

Davis Vision recognizes that all patients have specific rights, including, but not limited to:

• The right to complete information about their healthcare options and consequences.
• The right to participate in all treatment decisions.
• The right to dignity, privacy, confidentiality and non-discrimination.
• The right to complain or appeal any decision.

Patients also have the responsibility:

• To provide complete and accurate information.
• To follow care instructions.

For a complete copy of your Rights and Responsibilities as a Patient, please visit Davis Vision’s website at: www.davisvision.com or call 1.888.575.0191.

“All insured products are underwritten by either HM Life Insurance Company or HM Life Insurance Company of New York.”

Davis Vision may operate as Davis Vision Insurance Administrators in California.