



Welcome to Davis Vision

Let's take a look at your benefits.

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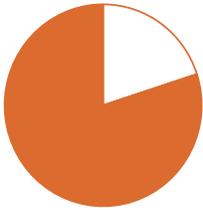
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See the benefits of vision care



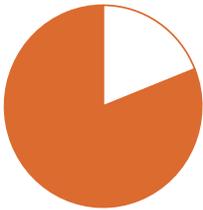
Immense interest



80%

of employees who are offered a vision plan through their employer choose to enroll in one.¹

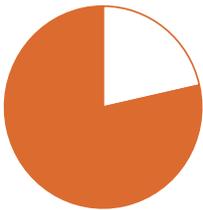
Higher retention



81%

of employees satisfied with their benefits are also satisfied with their jobs.²

Peace of mind



73%

of employees say their insurance benefits provide peace of mind for the unexpected.²

¹Transitions Optical Employee Perceptions of Vision Benefits Survey (2016), ²Benefits Impact: Delivering Dynamic Benefits for a Loyal Workforce (MetLife, 2015)



See the difference with Davis Vision

We're opening the way to a new frontier in vision care.



What Davis Vision allows you to offer

Every plan features fully-covered eyewear and a network that's built with members in mind.

Through the Exclusive Collection of frames, members can select on-trend frames (valued at up to \$195 retail), for no more than \$40 out-of-pocket.

With more than 75,000 points of access, our extensive network contains 4 of the top 5 national retailers and meets consumer's choice in where they get eye exams - 70% prefer independent providers while the remaining 30% choose a chain.⁵

Who is Versant Health?

Through our Davis Vision and Superior Vision product offerings, we strive to cover the entire spectrum of vision care - from routine benefits to medical management. This means we offer our members cost-effective benefits, access to fully-covered eyewear and a seamless vision care experience.

We're investing millions of dollars in technologies, training and service to make every experience with us a great one.

Find out more at versanthealth.com.

- 
97% member satisfaction¹
- 
All calls & claims administered in the U.S.
- 
75,000+ access points nationwide²
- 
4 of the top 5 national retailers³
- 
Fully-covered frames built into every plan
- 
98% in-network utilization⁴

¹Member satisfaction survey (internal, 06/2018), ²Geo access reports (internal, 07/2018), ³Top 50 U.S. Optical Retailers, Vision Monday (2017 survey), ⁴Internal utilization report (2017), ⁵Consumer Barometer, The Vision Council (09/2017)

Kansas City Life vision plan design



Frequency (once every)

Eye health examination inclusive of dilation (when professionally indicated)	12 months ¹
Spectacle lenses	12 months ¹
Frame	12 or 24 months ¹
Contact lens evaluation, fitting and follow-up care	12 months ¹
Contact lenses in lieu of eyeglasses	12 months ¹

Copayments

Eye health examination	\$0 or \$10
Eyeglasses (frame and / or spectacle lenses)	\$0 or \$25
Contact lens evaluation, fitting and follow-up care	\$0 or \$25

Eyeglasses (frame benefit)

Non-Collection frame allowance (retail)	Up to \$150
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Davis Vision Exclusive Collection of Frames² in lieu of allowance

Designer level	\$0
Premier level	\$25

Eyeglasses (spectacle lenses benefit)

Clear plastic lenses, all ranges of prescriptions and sizes	\$0
Oversize lenses	\$0
Fashion and gradient tinting of plastic lenses	\$0
Scratch-resistant coating	\$0
Polycarbonate lenses (children ³ / adults)	\$0 or \$30
Ultraviolet coating	\$12
Anti-reflective coating (standard / premium / ultra)	\$35 / \$48 / \$60
Progressive lenses (standard / premium)	\$50 / \$90
Intermediate-vision lenses	\$30
High-index lenses	\$55
Polarized lenses	\$75
Plastic photochromic lenses (Transitions® Signature™)	\$65
Scratch protection plan - single vision lenses / multifocal	\$20 / \$40

Vision plan design (continued)

Contact lens benefit (in lieu of eyeglasses)							
Non-Collection contact lenses - materials allowance							Up to \$130
Collection contact lenses ² (in lieu of allowance) - Materials, evaluation, fitting and follow-up care							\$0
Visually-required contact lenses (with prior approval) - Materials, evaluation, fitting and follow-up care							\$0
Out-of-network reimbursement (up to)							
Eye examination	\$40	Single vision lenses	\$40	Trifocal lenses	\$80	Elective contact lenses	\$120
Frame	\$45	Bifocal lenses	\$60	Lenticular lenses	\$80	Visually-required contact lenses	\$210

Sample out-of-pocket member costs

Eye exam and glasses	Average retail cost ⁵	Davis Vision member cost ⁵
Eye exam	\$103	\$10
Exclusive Collection eyewear ⁴	\$577	\$233
One-year breakage warranty	\$30	Free
Member total	\$710	\$243

¹Benefit amounts and frequencies shown are standard. Other options may be available. ²Collection is available at most participating independent provider offices. Collection is subject to change. ³Polycarbonate lenses are covered in full for dependent children and monocular patients. ⁴Example includes cost of a Designer Collection Frame; Transitions® Signature™ premium progressive polycarbonate lenses, with a premium anti-reflective coating. ⁵Prices shown represent Davis Vision member cost compared to national retail averages.



Value-added features

LASIK is not a covered service in the contract, however discounts through QualSight's network may apply.

Members can also receive discounts of up to 60% off retail prices on brand name hearing aids with EPIC Hearing Healthcare.

Visit davisvision.com to learn more.

Termination provisions

These provisions may vary by state.



When does insurance terminate?

Insurance under the Policy for You or Your dependents will end at 11:59 p.m. on the earliest of:

1. the date the Policy terminates;
2. the date the Policy is amended or changed to end the insurance for the class of eligible individuals to which You belong;
3. the date You cease to be a member of a class for whom insurance is provided;
4. the date that ends the period for which You last made any required payment toward the cost of insurance for You or Your dependents;
5. the date You cease to be actively-at-work as a full-time employee of the employer, if the Policy requires You to be actively-at-work except as provided under a covered leave of absence, temporary layoff, change in employment status, labor strike, or injury or illness;
6. the date Your dependents cease to be eligible;
7. the date, which You or Your dependent enters the Armed Forces, other than for reserve duty of 30 days or less.

If I terminate my coverage when will I be eligible to re-enroll in coverage?

Once you enroll in this coverage, you can't terminate your vision coverage until the next Annual Open Enrollment Period. If you terminate your vision coverage, you can't enroll again until the next Annual Open Enrollment Period. If your insurance ends because you fail to make the required premium contribution, you and your dependents, if any, will not be eligible until the next Annual Open Enrollment Period.

Termination provisions (continued)

Can my coverage continue while I am not actively at work?

The Policyholder may (but is not required to) consider you a member of an eligible class (and continue your insurance) even though you are:

1. put on approved leave of absence;
2. temporarily laid-off and the Policyholder expects to call you back to work;
3. placed on part-time employment; or
4. unable to work because of injury or sickness.

The Policyholder must treat all insured individuals the same for purposes of continuing insurance.

If your insurance is so continued, it will end on the earliest of:

1. the date the Policyholder notifies Kansas City Life that you are no longer a member of an eligible class; or
2. the date that ends the period for which the Policyholder last paid the premium for you; or
3. the date that ends the maximum continuation period for which the insurance can be continued.

The maximum continuation period is as follows:

- for FMLA or State FML – leave period permitted by the federal Family and Medical Leave Act of 1993 and any amendments or by applicable state law
- for temporary lay-off, part time employment or approved leave of absence –one month
- for injury or sickness – the lesser of one year from the date injury or sickness begins or the attainment of age 65.

What if I have questions?

Please contact your Kansas City Life group benefits sales team member at **(877) 266-6767** (ext. 8200).

Limitations and exclusions

These provisions may vary by state.



What are the limitations and exclusions?

Except as required by applicable law or your benefit plan, benefits will not be paid for and the term "Covered Vision Expenses" will not include charges:

1. For services or supplies not recommended by a provider.
2. For periodic vision examinations, except as provided for in the plan description.
3. For eye examinations required by an employer as a condition of employment.
4. For services or materials provided in connection with special procedures such as orthoptics and visual training, or in connection with medical or surgical treatment.
5. For lenses which do not provide vision correction.
6. For two pair of glasses in lieu of bifocals.
7. For charges for the replacement of lost or stolen lenses or frames within 24 months of service.
8. For sickness or injury covered by a workers' compensation act or other similar legislation.
9. Incurred as a direct or indirect result of war (declared or undeclared).
10. Incurred as a result of an intentionally self-inflicted injury or injury sustained while committing a crime.
11. For services or supplies furnished to a Covered Person before the effective date of the Policy or after the date a Covered Person's Insurance ends.
12. For services or supplies which are not generally accepted in the United States as being necessary and appropriate for the treatment of a patient's sickness or injury.
13. For any medical treatment rendered outside the United States or Canada.
14. For services rendered by practitioners who do not meet the definition of provider.
15. For expenses covered by:
 - a) Any other group insurance
 - b) A health maintenance organization or hospital or medical services prepayment plan available through an Employer, union or association
16. For any expenses covered by any union welfare plan or governmental program or a plan required by law.
17. For medically necessary contact lenses prescribed for a covered person for which prior approval was not obtained from us.
18. For comprehensive low vision evaluations, subsequent follow-up visits following such evaluation or low vision aids for which prior approval was not obtained from us.



Employer and voluntary rates

Rates	Employer paid \$10 exam copay \$25 frame copay		Employer paid \$0 exam copay \$0 frame copay	
	12/12/12 ¹	12/12/24 ²	12/12/12 ¹	12/12/24 ²
Employee only	\$5.67	\$5.48	\$7.88	\$7.66
Employee + spouse	\$10.20	\$9.86	\$14.19	\$13.78
Employee + children	\$10.77	\$10.40	\$14.98	\$14.55
Family	\$16.99	\$16.44	\$23.64	\$22.97

Rates	Voluntary \$10 exam copay \$25 frame copay		Voluntary \$0 exam copay \$0 frame copay	
	12/12/12 ¹	12/12/24 ²	12/12/12 ¹	12/12/24 ²
Employee only	\$9.42	\$7.73	\$11.25	\$9.23
Employee + spouse	\$16.96	\$13.92	\$20.24	\$16.61
Employee + children	\$17.90	\$14.69	\$21.37	\$17.53
Family	\$28.27	\$23.20	\$33.74	\$27.69

¹12 month frequency for exam, lenses and frames, ²12 month frequency for exam and lenses, 24 month frequency for frames

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Proposal provisions



Here are provisions regarding the proposal.

- Employer paid rates guaranteed for 36 months following the effective date. Voluntary rates are guaranteed for 24 months.
- Employer paid proposal assumes group has been in business for one year. Voluntary proposal assumes group has been in business for two years.
- Employer paid proposal assumes coverage is 100% employer paid and requires 100% participation. Voluntary coverage requires a minimum of two employees enrolled at all times.
- If fewer than ten employees are enrolled, a \$15 monthly administrative fee will apply.
- Preferred providers may be found at www.davisvision.com/members and entering client code 2834 into the Open Enrollment section.
- Proposal includes a flat 10% commission.
- These rates are good for groups with effective dates up to 12/1/19.

This is a brief description only and is not a contract. The Group Master Policy will determine all rights and benefits. Benefits provided by Kansas City Life Insurance Company.

Policy and certificate referenced: PJ142/CJ142.

What if I have questions?

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