



100 Winners Circle, Ste. 220  
Brentwood, TN 37027

## A BrightVision proposal for

Effective

Proposal presented by  
**Capital Benefits**

Proposal date:

This proposal is valid for 90 days.

# BrightVision 1

powered by Davis Vision

Benefit	Description	Copay	Frequency
<b>Eye Exam</b>	Focuses on your eyes, vision and wellness	\$10	Every 12 months
<b>Prescription Glasses</b>	<i>Options below</i>	-	-
<i>Frame</i>	Pay no more than \$25 for Exclusive Collection frames at participating locations <b>or</b> \$130 frame allowance at network locations <b>or</b> \$180 frame allowance at Visionworks <sup>1</sup> Plus 20% off any amount over your allowance <sup>2</sup>	included	Every 24 months
<i>Lenses and enhancements<sup>3</sup></i>	Clear plastic single-vision, bifocal, trifocal or lenticular lenses Polycarbonate Lenses for dependent children Tinting of Plastic Lenses Scratch-Resistant Coating	\$25	Every 12 months
<i>Lens upgrades<sup>3</sup></i>	Polycarbonate lenses for adults	\$30	Every 12 months
	High-Index Lenses 1.67	\$55	
	High-Index Lenses 1.74	\$120	
	Polarized Lenses	\$75	
	Progressive Lenses (Standard / Premium / Ultra / Ultimate)	\$50 / \$90 / \$140 / \$175	
	Anti-Reflective (AR) Coating (Standard / Premium / Ultra / Ultimate)	\$35 / \$48 / \$60 / \$85	
	Ultraviolet Coating	\$12	
	Plastic Photochromic Lenses (Transitions® Signature™)	\$65	
	Premium Scratch-Resistant Coating	\$30	
	Scratch-Protection Plan (Single-Vision / Multifocal)	\$20 / \$40	
<b>Prescription contacts<sup>4</sup></b> <i>(instead of glasses)</i>	15% off fitting, evaluation and follow-up \$130 allowance for contacts Plus 15% off any amount over your allowance <sup>2</sup>	-	Every 12 months

### Extra member savings (not insured benefits)

Complimentary Everplans subscription (worth \$75/yr.) to organize life's most important details, so they're safe and easy to get to in an emergency.

15% off standard laser vision correction or 5% off promotional prices at LasikPlus® locations nationwide.

Save over 40% on premium hearing aids through Your Hearing Network, plus other offers and promotions<sup>5</sup>

No more than \$39 on routine retinal imaging as an enhancement to an eye exam.

30% off additional pairs of eyeglasses<sup>2</sup>.

Free 1-yr. breakage warranty on your glasses - limitations apply.

### Out-of-network coverage

Exam	\$40	Single vision lenses	\$40	Trifocal lenses	\$80	Elective contacts	\$105
Frame	\$50	Bifocal/Progressive lenses	\$60	Lenticular lenses	\$100	Visually required contacts	\$225

1. Excludes Maui Jim® eyewear. 2. Some limitations apply to additional discounts; discounts not applicable at all in-network providers. 3. Spectacle lens options may not be available at all locations. 4. Contact lens coverage varies by product selection. Visually Required contacts are covered in full with prior approval. 5. Over 40% off pricing as referenced in the Consumer Guide to Hearing Aids. Discount varies depending on product. This offer is only good at participating Your Hearing Network provider locations and cannot be combined with any other offer or discount. Davis Vision has done its best to accurately reflect plan coverage herein. If differences exist between this document and the plan contract, the contract will prevail. Products in the state of New York are underwritten by Commercial Travelers Life Insurance Company. Policy form number CVIGRP 2020. In all other states, they are underwritten by National Guardian Life Insurance Company. National Guardian Life Insurance Company is not affiliated with the Guardian Life Insurance Company of America, a/k/a The Guardian or Guardian Life. Policy form number NVIGRP 2020 or NVIGRP-DV 2019. BV1SUM21

Monthly Premiums		
Coverage	Voluntary	Non-Voluntary
Employee	\$7.60	\$5.70
Employee & spouse	\$15.24	\$11.38
Employee & child(ren)	\$14.58	\$11.00
Family	\$22.32	\$16.78

### Enrollment assumptions

Total number of benefit eligible employees
Total number of enrolled employees

### Minimum Participation Requirements

- Voluntary – The participation requirement is the greater of 3 enrolled employees or 50% or less of the eligible population.
- Non-Voluntary – The participation requirement is the greater of 3 enrolled employees or >50% of the eligible population.
- Groups with less than 10 eligible employees must use Voluntary rates regardless of participation and employer contribution.

### Contract Situs

### Rate Guarantee

24 Months
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Products in the state of New York are underwritten by Commercial Travelers Life Insurance Company. Policy form number CVIGRP 2020. In all other states, they are underwritten by National Guardian Life Insurance Company. National Guardian Life Insurance Company is not affiliated with the Guardian Life Insurance Company of America, a/k/a The Guardian or Guardian Life. Policy form number NVIGRP 2020 or NVIGRP-DV 2019. BV1PROPCAPBEN21

# More features, discounts and benefits

## Use your benefit to shop for eyewear online.

Members can use their in-network benefits at [glasses.com](https://www.glasses.com), [1800contacts.com](https://www.1800contacts.com) and [visionworks.com](https://www.visionworks.com).

## What is the Exclusive Collection<sup>1</sup>?

Instead of using the frame allowance, members can choose frames from Davis Vision's Exclusive Collection, at no more than \$25 out-of-pocket, depending on the benefit plan. Frames in the Collection retail at \$100 - \$195 and are available at most participating independent provider locations.

## Plan-covered glasses come with a free one-year breakage warranty.

All eyeglasses come with a breakage warranty for repair or replacement of the frame and/or lenses for a period of one year from the date of delivery. The one-year breakage warranty applies to all plan-covered eyeglasses (i.e., all spectacle lenses, Exclusive Collection frames and national retailer frames, where the Exclusive Collection is not displayed).

## If a member needs more scratch protection...

Standard scratch-resistant coating is available on plastic lenses at no extra cost as part of the benefit. Members may also purchase an optional scratch protection plan, which will replace scratched lenses with new lenses of the same material, style and prescription, at no charge for one year from the original date of dispensing.

## There are more lens options available.

Edge polish	\$22	High luster edge polish	\$70	Roll & polish	\$16
Roll edge	\$24	Rimless drill	\$66	Slab off	\$186
Specialty lenses (Myodisc, Lenticular grind, Double sided grind)	\$206	Mirror (solid, single, & double gradient)	\$86		

## Members get a discount on additional glasses or contacts<sup>2</sup>.

Members will receive a 50% discount on additional complete pairs of eyeglasses and sunglasses at Visionworks and 30% off at other participating providers on the same transaction. Otherwise, a 20% discount off the provider's usual and customary rate is available. For contact lens transactions, members get a 10% discount on additional pairs.

## What is "retinal imaging," and is it covered?

Retinal imaging is not a covered benefit, but members can receive a retinal imaging exam at participating providers at a discounted<sup>2</sup> fee. The exam enables the retina, macula, blood vessels, and optic nerve to be seen in wide angle, digital images without the use of dilation drops. The exam is brief and very comfortable and allows for early detection, diagnosis, and ongoing monitoring of diseases which can affect the eyes and overall health.

## What is "low vision," and what is the benefit coverage?

An eye care professional may determine a member has low vision if their impairment interferes with daily activities and cannot be corrected with standard eyewear, medicine or surgery. Members who require low vision services and optical devices are entitled to the following coverage, both in- and out-of-network, with prior approval from Davis Vision:

Benefit	Description	Charge/Allowance	Frequency
<b>Low vision evaluation</b>	One comprehensive evaluation, sometimes called a functional vision assessment	Max charge of \$300	
<b>Low vision aid</b>	Items such as high-power spectacles, magnifiers, and telescopes	Max allowance of \$600 (Lifetime max of \$1,200)	Every 5 years
<b>Low vision follow up care</b>	Four (4) office visits	Max charge of \$100	

1. Participating retail providers typically do not display the Collection, but are contractually required to maintain a comparable selection (in both quantity and quality) of frames that would be covered, with no additional member out-of-pocket expense. Collection is subject to change. 2. Additional discounts are not applicable at Costco, Sam's Club, and Walmart locations, or where limited by law or manufacturer restrictions.

# Limitations and exclusions

## Limitations

The Contact Lenses benefit is paid in lieu of Eyeglass Lenses and Frames. An Insured is eligible to receive benefits under the Eyeglass Lenses Benefit and the Frame benefit only after the Contact Lenses benefit Frequency has ended.

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A Re-Enrollee who terminates coverage voluntarily or involuntarily and then subsequently re-enrolls for coverage under this plan within a 12 month period may be subject to limited benefits corresponding with the Plan frequency.

Coverage for a Late Entrant or Re-Enrollee is limited to the Vision Exam benefit during the first 12 months after such person's effective date of coverage.

Dilation is covered in full under the Vision Exam benefit ONLY if done for one of the following conditions: central vision loss, photopsia, floaters, high myopia, diabetes or history of ocular surgery, ocular trauma or ocular disease.

This Plan is designed to cover "standard" or "basic" eyeglass lenses and frames. Add-on charges for specialty lenses and lens applications are not covered. These extra charges are paid directly to the provider by the Member. Some items requiring additional charges are listed below under Exclusions.

## Exclusions

No benefits are payable for the any of the following conditions, procedures and/or materials, unless otherwise specifically listed as a covered benefit in the Schedule of Benefits:

1. Corrective Eyeglass Lenses, Frames, Contact Lenses, and related materials; and services for the fitting thereof;
2. Replacement frames and/or lenses, (Including Low Vision Devices) except at normal intervals when covered services are otherwise available;
3. Plano or non-prescription lenses or sunglasses;
4. Orthoptics, vision training and any associated supplemental testing;
5. Frame cases;
6. Low (subnormal) vision aids or aniseikonic lenses;
7. Medical and surgical treatment of the eyes;
8. Charges incurred after (a) the Policy ends; or (b) the Insured's coverage under the Policy ends, except as stated in the Policy;
9. Experimental or non-conventional treatment or device;
10. Any eye examination or corrective eyewear required by an Employer as a condition of employment;
11. Services and materials provided by another vision plan;
12. Services for which benefits are paid by Worker's Compensation;
13. Benefits provided under the Insured's medical insurance;
14. Blended bifocal lenses;
15. Groove, Drill or Notch, and Roll and Polish;
16. Two pairs of glasses, in lieu of bifocals, trifocals or progressives;
17. Coating on lenses (Factory scratch coat, anti-reflective, sunglass colors, etc.);
18. Cosmetic items;
19. Faceted lenses;
20. High-Index Lenses;
21. Laminated Lenses;
22. Oversize Lenses – any lens with an eye size of 61mm or greater;
23. Photochromic (Transition) lenses;
24. Polarized lenses;
25. Polished bevel lenses;
26. Polycarbonate lenses;
27. Prism lenses;
28. Slab-off lenses;
29. Tints (except Pink tint #1 and #2);
30. Ultra-violet tint or coating;
31. Additional cost for contact lenses over the allowance;
32. Additional cost for a frame over the allowance;
33. Progressive Lenses.



Life,  
Organized.



Complimentary subscription<sup>1</sup>

Organize and securely store life’s most important information, so it is safe and easy to get to in an emergency.

From personal finances and insurance policies, to passwords and family recipes, an Everplans subscription helps organize your life’s details, for yourself and the people you love most.

Every BrightBenefits member receives an Everplans subscription with their dental and/or vision plan.<sup>2</sup>



**With an Everplans subscription, BrightBenefits members get:**



**SECURE STORAGE**

Data is encrypted and protected using industry leading privacy and security technology. Everplans is HIPAA and SOC2 compliant, so member information is as private as their medical records and as secure as their financial data.



**GUIDANCE**

A step-by-step interface to help guide users through organizing vital information and documents. Plus, members can access thousands of articles, checklists, and guides.



**SHARING**

Members have the ability to safely share their plan with select “Deputies” - family members, loved ones, trusted advisors, etc. who will need access. Members designate which Deputies have access to what information, and when.

1. Retail value of \$75/year, March 2021 2. This is not an insured benefit.

BrightBenefits Vision Product Availability				
Available State	Davis	VSP	Superior	Notes / Policy Form #
AK	Available	Available	Available	NVIGRP 2020
AL	Available	Available	Available	NVIGRP 2020-AL
AR	Available	Available	Not Available	NVIGRP 2020
AZ	Available	Available	Available	NVIGRP 2020
CA	Available	Available	Available	NVIGRP 2020-CA
CO	Available	Available	Available	NVIGRP 2020-CO
CT	Not Available	Not Available	Not Available	
DC	Not Available	Available	Available	NVIGRP 2020-DC
DE	Available	Available	Available	NVIGRP-DV 2019 NVIGRP 11/13 NVIGRP-SV 2019
FL-LG	Available	Available	Available	> 50 eligible employees NVIGRP 2020-FLLG
FL-SG	Not Available	Not Available	Not Available	≤ 50 eligible employees
GA	Available	Available	Available	NVIGRP 2020-GA
HI	Available	Available	Available	NVIGRP 2020-HI
IA	Available	Available	Available	NVIGRP 2020-IA
ID	Available	Available	Available	NVIGRP 2020-ID
IL	Available	Available	Available	NVIGRP 2020-IL
IN	Available	Available	Available	NVIGRP 2020
KS	Available	Available	Available	NVIGRP 2020-KS
KY	Available	Available	Available	NVIGRP 2020-KY
LA	Not Available	Available	Available	NVIGRP 2020-LA
MA	Available	Not Available	Available	NVIGRP-DV 2019-MA NVIGRP-SV 2019-MA
MD	Not Available	Not Available	Available	NVIGRP-SV 2019-MD
ME	Available	Available	Available	NVIGRP 2020-ME
MI	Available	Available	Available	NVIGRP 2020-MILG
MN	Not Available	Available	Available	NVIGRP 2020-MN
MO-LG	Available	Available	Not Available	> 50 eligible employees NVIGRP 2020
MO-SG	Not Available	Not Available	Not Available	≤ 50 eligible employees
MS	Available	Available	Available	NVIGRP 2020-MS
MT	Available	Not Available	Available	NVIGRP-DV 2019-MT NVIGRP-SV 2019-MT
NC	Available	Available	Available	NVIGRP 2020-NC

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ND	Available	Available	Available	NVIGRP 2020-ND
NE	Available	Available	Available	NVIGRP 2020-NE
NH	Available	Not Available	Available	NVIGRP-DV 2019-NH NVIGRP-SV 2019-NH
NJ	Not Available	Not Available	Not Available	
NM	Available	Not Available	Not Available	NVIGRP-DV 2019-NM
NV	Available	Available	Available	NVIGRP 2020-NV
NY-LG	Available	Available	Available	> 50 eligible employees CVIGRP 2020-NY
NY-SG	Not Available	Not Available	Not Available	≤ 50 eligible employees
OH	Available	Available	Available	NVIGRP 2020-OH
OK	Available	Available	Available	NVIGRP 2020-OK
OR	Available	Available	Available	NVIGRP 2020-OR
PA	Not Available	Not Available	Not Available	
RI	Not Available	Not Available	Not Available	
SC	Available	Available	Not Available	NVIGRP 2020-SC
SD	Available	Available	Available	NVIGRP 2020
TN	Available	Available	Available	NVIGRP 2020
TX	Available	Available	Available	NVIGRP-DV 2019-TX NVIGRP 11/13 TX(R) NVIGRP-SV 2019-TX
UT	Available	Available	Available	NVIGRP 2020-UT
VA	Available Northern VA restricted by zip code*	Available	Available	NVIGRP 2020-VA
VT	Available	Available	Available	NVIGRP 2020-VT
WA	Not Available	Not Available	Not Available	
WI	Available	Available	Available	NVIGRP 2020
WV	Available	Available	Available	NVIGRP 2020
WY	Available	Available	Available	NVIGRP 2020-WY

\*Northern Virginia zip codes restricted for Davis Vision.

Fairfax County			
Zip Code	City	Zip Code	City
20120	Centreville	22102	Mc Lean
20121	Centreville	22103	West Mclean
20122	Centreville	22106	Mc Lean
20124	Clifton	22107	Mc Lean

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20151	Chantilly	22108	Mc Lean
20153	Chantilly	22109	Mc Lean
20170	Herndon	22116	Merrifield
20171	Herndon	22118	Merrifield
20172	Herndon	22119	Merrifield
20190	Reston	22121	Mount Vernon
20191	Reston	22122	Newington
20192	Herndon	22124	Oakton
20194	Reston	22150	Springfield
20195	Reston	22151	Springfield
20196	Reston	22152	Springfield
22003	Annandale	22153	Springfield
22009	Burke	22156	Springfield
22015	Burke	22158	Springfield
22027	Dunn Loring	22159	Springfield
22031	Fairfax	22160	Springfield
22032	Fairfax	22161	Springfield
22033	Fairfax	22180	Vienna
22034	Fairfax	22181	Vienna
22035	Fairfax	22182	Vienna
22036	Fairfax	22183	Vienna
22037	Fairfax	22185	Vienna
22039	Fairfax Station	22199	Lorton
22041	Falls Church	22303	Alexandria
22042	Falls Church	22306	Alexandria
22043	Falls Church	22307	Alexandria
22044	Falls Church	22308	Alexandria
22060	Fort Belvoir	22309	Alexandria
22066	Great Falls	22310	Alexandria
22067	Greenway	22312	Alexandria
22079	Lorton	22315	Alexandria
22081	Merrifield		
22082	Merrifield		
22095	Herndon		
22096	Reston		
22101	Mc Lean		