



*Annual Services
 (from last date of service)
 Designer Gold Plan*

Vision Care Plan Benefit Description

Please call Davis Vision at **1-800-999-5431** with questions or visit our website: www.davisvision.com

This plan provides Vision Care benefits. To assure you the best possible use of your benefit, please take a few minutes to review the information in this booklet.

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 plan participant and a NYSUT member or covered dependent*.
- Provide the office with the member's ID number and the date of birth of any covered children needing services.

It's that easy! The provider's office will verify your eligibility for services, and no claim forms or ID cards are required!

* Dependent coverage is available if family coverage was purchased. Dependents are your spouse or registered domestic partner and dependent children, who include: Natural and legally adopted children, and any other children who permanently reside in your household. Coverage is available until age 19. Coverage will continue until age 25 with appropriate full-time student identification.

Who are the network providers?

They are licensed providers who are extensively reviewed and credentialed to ensure that stringent standards for quality service are maintained. Please call **1-800-999-5431** to access the Interactive Voice Response (IVR) Unit, which will supply you with the names and addresses of the network providers nearest you, or you may access our website at www.davisvision.com and utilize our "Find a Provider" feature.

You will be asked to input your ID or Login Name, which is usually your social security number; your password is the first five letters of your last name.

What are the plan benefits, frequencies and costs?

EYE EXAMINATIONS **12 months from the last date of service;**
 including dilation if professionally indicated.
Copayment None
Out-of-Network Reimbursed up to \$10

SPECTACLE LENSES **12 months from the last date of service**
Copayment None
Out-of-Network See * Below

FRAMES **12 months from the last date of service**
Copayment .. No copayment applies toward frames from the Designer Selection of frames from "The Collection" available in most network provider offices. A \$50 credit will be applied toward a network provider's own frame.
Out-of-Network See * Below

CONTACT LENSES **12 months from the last date of service**
Copayment No copayment applies toward plan supplied standard, soft, daily-wear, disposable** or planned replacement** contact lenses in lieu of eyeglasses. A \$100 credit will be applied toward contact lenses from the provider's own supply, fitting fees and recommended follow-up care. Prior approval is required for medically necessary contact lenses.
Out-of-Network See * Below

Please note: Contact lenses can be worn by most people. Once the contact lens option is selected and the lenses are fitted, they may not be exchanged for eyeglasses. Routine eye examinations may not include professional services for contact lens evaluations. Any applicable fees are the responsibility of the patient.

* All non-medically necessary materials (frame and/or spectacle / contact lenses) will be reimbursed up to \$35. Medically necessary contact lenses will be reimbursed up to \$350.

** Disposable contact lens wearers will receive four multi-pack of lenses. Planned replacement contact lens wearers will receive two multi-packs of lenses.

What lenses/coatings are included?

- Plastic or glass single vision, bifocal or trifocal lenses, in any prescription range.
- Glass grey #3 prescription lenses.
- Oversize lenses.
- Post-cataract lenses.
- Fashion, sun or gradient tinted plastic lenses.
- Scratch-resistant coating.
- Photogrey Extra® (photosensitive) glass lenses.
- Polycarbonate lenses.
- Intermediate vision lenses.
- Ultraviolet (UV) coating.
- Blended invisible bifocals.
- Standard progressive addition multifocal lenses.***

*** Progressive addition multifocals can be worn by most people. Conventional bifocals will be supplied at no additional charge for anyone who is unable to adapt to progressive addition lenses, however, the copayment (if any) will not be refunded..

Are there any optional frames, lens types or coatings available?

Yes, you can pay the low, discounted fixed fees indicated and receive these exciting optional items:

- \$20 for a Premier frame.
- \$35 for standard brands of ARC (anti-reflective coating). Premium ARC is \$48. Ultra ARC is \$60.
- \$48 for pinnacle single vision lenses.
- \$48 for pinnacle progressive lenses.
- \$75 for polarized lenses.
- \$65 for plastic photosensitive lenses.
- \$55 for high-index (thinner and lighter) lenses.
- \$40 for premium progressive addition multifocal lenses.***

May I use the benefit at different times?

All services must be obtained at one time from either a network or an out-of-network provider.

When will I receive my eyewear?

Your eyewear will be sent to your provider from the laboratory generally within two to five business days. More delivery time may be needed when out-of-stock frames, ARC (anti-reflective coating), specialized prescriptions or non "Collection" frames are selected.

What about out-of-network provider benefits?

You may receive services from an out-of-network provider, although you will receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network. If you choose an out-of-network provider, you must pay the provider directly for all charges and then submit a claim for reimbursement to:

**Vision Care Processing Unit
P.O. Box 1525
Latham, NY 12110**

All services should be submitted at the same time, as only one claim for reimbursement may be submitted per benefit cycle. To request claim forms, please visit the Davis Vision website at www.davisvision.com or call 1-800-999-5431.

Information about Laser Vision Correction Services:

Davis Vision is pleased to provide you and your eligible dependents with the opportunity to receive Laser Vision Correction Services at significant discounts through a network of experienced, credentialed surgeons (please note that some providers have flat fees equivalent to these discounts). For more information, please visit our website at www.davisvision.com or call 1-800-584-2866, and enter client code 7077.

More special features:

- Free membership and access to a mail order replacement contact lens service, Lens 123, providing 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 Lens 123 website at www.Lens123.com.
- A one-year unconditional breakage warranty is provided for all eyeglasses completely supplied by Davis Vision.

Continuation of coverage through COBRA (Self-Pay):

In accordance with the provisions of the Consolidated Omnibus Budget Reconciliation Act (COBRA), should your coverage for vision care benefits stop, you and your eligible dependents may be able to continue your vision care benefits pursuant to COBRA.

If your vision care benefits coverage terminates, you must inform immediately the provider of your vision care benefits (your employer, your local union, or your local union's welfare benefit fund) of your desire to continue your vision care coverage pursuant to COBRA.

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.
- Non-prescription (plano) lenses.
- Replacement of lost eyewear.
- Two pairs of eyeglasses, in lieu of bifocals.
- Contact lenses and eyeglasses in the same benefit period.

For more information, please visit Davis Vision's website at www.davisvision.com or call Davis Vision at 1-800-999-5431 to:

- Locate a network provider in your area.
- Verify eligibility for yourself or a family member.
- Request an out-of-network claim form.
- Speak with a Member Service Representative.
- Ask any questions about your Vision Care benefits.

Member Service Representatives are available:

- Monday through Friday, 8:00 AM to 11:00 PM, Eastern Time,
- Saturday, 9:00 AM to 4:00 PM Eastern Time, and;
- Sunday, 12:00 PM to 4:00 PM Eastern Time.

Participants who use a TTY (Teletypewriter) 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 our website at: www.davisvision.com or call 1-800-999-5431.

For general information about your Vision Care benefits, please call or e-mail:

NYSUT Member Benefits Trust
Telephone: (800) 626-8101
E-mail: benefits@nysutmail.org



The Group Vision Plan is a NYSUT Member Benefits Trust (Member Benefits)-endorsed program. Member Benefits self-insures the risk for groups with guaranteed rate contracts, meaning total premiums collected and claims paid are pooled annually. At the end of the plan year, any surplus funds revert to Member Benefits; if a deficit exists, Member Benefits is responsible for covering the loss. For the last 10-year period, a surplus equaling approximately 3.1% of paid premiums has resulted. For self-insured group vision plans, Member Benefits has an expense reimbursement/endorsement arrangement of \$.07 per month per enrolled participant. All such payments to Member Benefits are used solely to defray the costs of administering its various programs and, where appropriate, to enhance them. The insured group vision plans pool the premiums of Member Benefits participants who are insured for the purposes of determining premium rates and accounting. Coverage outside of this plan may have rates and terms that are not the same as those obtainable through Member Benefits. The Insurer or Member Benefits may hold premium reserves that may be used to offset rate increases and/or fund such other expenses related to the plan as determined appropriate by Member Benefits. Member Benefits acts as your advocate; please contact Member Benefits at (800) 626-8101 if you experience a problem with any endorsed program.
