

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 800.999.5431.

Mail Order Contact Lenses:

Replacement contacts (after initial benefit) through www.DavisVisionContacts.com mail-order service ensures easy, convenient, purchasing online and quick, direct shipping to your door. Log on to our member Web site for details.

Warranty Information:

One-year eyeglass breakage warranty included at no additional cost. All plan 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 warranty applies to all plan covered eyeglasses, i.e. spectacle lenses, Davis Vision Collection frames and national retailer frames (where our Exclusive Collection is not displayed).

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 immediately inform 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.
- Replacement of lost eyewear.
- Non-prescription (plano) lenses.
- Contact lenses and eyeglasses in the same benefit cycle.
- Services not performed by licensed personnel.
- Two pairs of eyeglasses in lieu of a bifocal.

For more information, please visit Davis Vision's website at www.davisvision.com or call Davis Vision at 800.999.5431 to:

- Learn more about your benefits
- Locate a Davis Vision provider
- Verify eligibility
- Print an enrollment confirmation
- Request an out-of-network provider reimbursement form
- Contact a Member Service Representative

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
- Sunday, Noon 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 health care 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 or to obtain a copy of Davis Vision's Privacy Practices Notice, please visit Davis Vision's website at: www.davisvision.com or call 800.999.5431.



The Davis Vision 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 10.79% of paid premiums has resulted. For self-insured group vision plans, Member Benefits has an 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.

Group Vision Care Plan Benefit Description



Biennial Services (from last date of service) Premier Platinum Plan

please visit Davis Vision's website: www.davisvision.com, or call 800.999.5431 with questions.



The NYSUT Member Benefits Trust is pleased to provide this information about your vision care plan administered by Davis Vision, Inc., a leading national administrator of vision care programs.

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 member and/or NYSUT member 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!

* *Dependent coverage is available if family coverage was purchased. Dependents are your spouse 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 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 **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.



What are the plan benefits, frequencies and costs?

EYE EXAMINATIONS Every 24 months, every 12 months for dependents up to age 19 or 25 if a full time student, including dilation as professionally indicated.

In-Network Co-payment.....\$0
Out-of-Network Reimbursed up to \$10

EYEGLASSES Every 24 months, every 12 months for dependents up to age 19 or 25 if a full time student.

In-Network Co-payment.....\$0

You may choose any Fashion, Designer or Premier level frame from Davis Vision's Frame Collection, covered in full. Or, if you select another frame in the network provider's office, \$90 credit, plus a 20% discount off any overage will be applied. This credit would also apply at retail locations that do not carry the Frame Collection. Members are responsible for the amount over \$90 (less the applicable discount). For more information on lenses, please see "What lenses/coatings are included?"

Out-of-Network Reimbursed up to \$35 for spectacle lenses and frame.

CONTACT LENSES Every 24 months, every 12 months for dependents up to age 19 or 25 if a full time student.

In-Network Co-payment.....\$0

In lieu of eyeglasses, you may select contact lenses. Any contact lenses from Davis Vision's Contact Lens Collection will be covered in full per the number indicated below, and your evaluation, fitting, and follow up care will also be covered.

Davis Vision Contact Lens Collection (includes evaluation, fitting, follow-up):

Disposable Four boxes/multi-packs
Planned Replacement Two boxes/multi-packs

In lieu of the Davis Vision contact lenses, members may use their \$100 credit to go toward the provider's own supply of contact lenses, evaluation, fitting and follow-up care. This credit would also apply towards all contact lenses received at participating retail locations.

Visually required contact lenses will be covered in full with prior approval.

(CONTACT LENSES continued)

Out-of-Network Reimbursed up to \$35 for elective contact lenses, up to \$350 for Visually required contact lenses with prior approval.

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. The Davis Vision collection is available at most participating independent provider locations.

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.
- Tinting of plastic lenses.
- Polycarbonate lenses.
- Scratch-resistant coating.
- Glass photochromic lenses.
- Blended invisible bifocals.
- Ultraviolet (UV) coating.
- Intermediate-vision lenses.
- Standard progressive addition multifocal lenses.**

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

Yes, you can pay the low, discounted fixed fees indicated (in addition to your basic co-payment) and receive these exciting optional items:

- \$48 for single vision pinnacle lenses.
- \$88 for progressive pinnacle lenses.
- \$35 for standard ARC (anti-reflective coating). Premium ARC is \$48. Ultra ARC is \$60.
- \$75 for polarized lenses.
- \$65 for plastic photosensitive lenses.
- \$55 for high-index (thinner and lighter) lenses.
- \$40 for premium progressive addition multifocal lenses, \$90 for ultra progressive addition multifocal lenses.***

** *These lens options and co-payments apply to in-network benefits only.*

*** *Progressive addition multifocals can be worn by most people. Conventional bifocals will be supplied at no additional cost for anyone who is unable to adapt to progressive addition lenses; however, the co-payment will not be refunded.*

When will I receive my eyewear?

Generally, your eyewear will be delivered to your provider from the laboratory within five business days. More delivery time may be needed when out-of-stock frames, anti-reflective coating, specialized prescriptions, or a participating provider's frame is 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

Only one claim per service may be submitted for reimbursement each benefit cycle. To request claim forms, please visit the Davis Vision website at www.davisvision.com or call **800.999.5431**.

May I use the benefit at different times?

All available services must be obtained at one time from either a network or an out-of-network provider. To maximize your benefit value, we recommend that all services be obtained from a network provider.

