

## Welcome to Davis Vision!

We are pleased to provide you with information on your vision benefit to help you care for your vision and eye health - a key part of overall health and wellness!

If you are not currently enrolled, please visit our member site at [davisvision.com](http://davisvision.com) or call 1.877.923.2847 to locate providers or for additional information.

**Using your benefits is easy!** Just log on to our Member site at [davisvision.com](http://davisvision.com) and click "Find a Provider," or call us at 1.800.999.5431.

**Make an appointment.** Tell your provider you are a Davis Vision member with coverage through NYSUT. Provide your member ID number, name and date of birth, and do the same for your covered dependents seeking vision services. Your provider will take care of the rest!

## Your Davis Vision Premier Plan Benefits

100% OF YOUR CALLS & CLAIMS ARE PROUDLY ADMINISTERED IN THE USA

Benefit	Frequency Once every -	In-network Copay	In-network Coverage
Eye Examination	12 months	\$0	Covered in full. Includes dilation when professionally indicated.
Spectacle Lenses	12 months	\$0	Clear plastic lenses in any single vision, bifocal, trifocal or lenticular prescription. Covered in full. (See below for additional lens options and coatings.)
Frame	12 months	\$0	<b>Covered in Full Frames:</b> Any Fashion, Designer or Premier level frame from Davis Vision's Collection <sup>1</sup> (retail value, up to \$195).  <b>OR, Frame Allowance:</b> \$150 toward any frame from provider plus 20% off any balance. No copay required.
Contact Lens Evaluation, Fitting & Follow Up Care	12 months	\$0	<b>Davis Vision Collection Contacts:</b> Covered in full. <b>Standard, Soft Contacts:</b> 15% discount <b>Specialty Contacts<sup>2</sup>:</b> 15% discount
Contact Lenses (in lieu of eyeglasses)	12 months	\$0	<b>Covered in Full Contacts:</b> From Davis Vision's Collection <sup>1</sup> , up to: Planned Replacement Four boxes/multi-packs* Disposable Eight boxes/multi-packs* <b>OR, Contact Lens Allowance:</b> \$150 allowance toward any contacts from provider's supply plus 15% off balance No copay required.  <b>OR, Visually Required Contacts:</b> Covered up to \$350 with prior approval.  *Number of contact lens boxes may vary based on manufacturer's packaging.

Please Note: Dependent coverage is available if family coverage was purchased. Dependents are your spouse/domestic partner and children up to age 26.

### Significant savings on optional frames, lens types and coatings!

### Member Price

Davis Vision Collection Frames: Fashion   Designer   Premier .....	\$0   \$0   \$0
Tinting of Plastic Lenses.....	\$0
Oversize Lenses.....	\$0
Scratch-Resistant Coating.....	\$20
Premium Scratch-Resistant Coating .....	\$30
Ultraviolet Coating .....	\$12
Anti-Reflective Coating: Standard   Premium   Ultra   Ultimate .....	\$35   \$48   \$60   \$85
Polycarbonate Lenses .....	\$0 <sup>4</sup> -\$30
High-Index Lenses: 1.67   1.74 .....	\$55   \$120
Progressive Lenses: Standard   Premium   Ultra   Ultimate .....	\$50   \$90   \$140   \$175
Polarized Lenses .....	\$75
Photochromic Lenses (i.e. Transitions <sup>®</sup> , etc.) <sup>3</sup> Plastic   Glass .....	\$65   \$20
Digital Single Vision Lenses .....	\$30
Blended Lenses.....	\$20
Trivex Lenses .....	\$50
Blue Light Filtering.....	\$15

<sup>1</sup> The Davis Vision Collection is available at most participating independent provider locations. Collection is subject to change. Collection is inclusive of select toric and multifocal contacts.

<sup>2</sup> Including, but not limited to toric, multifocal and gas permeable contact lenses.

<sup>3</sup> Transitions<sup>®</sup> is a registered trademark of Transitions Optical Inc.

<sup>4</sup> For dependent children, monocular patients and patients with prescriptions of +/- 6.00 diopters or greater.

Please note: Your provider reserves the right to not dispense materials until all applicable member costs, fees and copayments have been collected. Contact lenses: Routine eye examinations do not include professional services for contact lens evaluations. Any applicable fees above the evaluation and fitting allowance are the responsibility of the member. If contact lenses are selected and fitted, they may not be exchanged for eyeglasses. Progressive lenses: if you are unable to adapt to progressive addition lenses you have purchased, conventional bifocals will be supplied at no additional cost; however, your copayment is nonrefundable. May not be combined with other discounts or offers. Please be advised these lens options and copayments apply to in-network benefits.

## Frequently Asked Questions

### How can I contact Member Services?

Call 1.800.999.5431 for automated help 24/7. Live help is also available seven days a week: Monday-Friday, 8 a.m.-11 p.m. | Saturday, 9 a.m.-4 p.m. | Sunday, 12 p.m.-4 p.m. (Eastern Time). (TTY services: 1.800.523.2847.)

### What frames are in Davis Vision's Collection?

Our Collection offers a great selection of fashionable and designer frames, most of which are covered in full. No wonder 8 out of 10 members select a Collection frame. Log on to our member Web site at [davisvision.com](http://davisvision.com) and take a look!

### When will I receive my eyewear?

Your eyewear will be delivered to your network provider generally within five business days of order receipt. Special prescriptions, lens coatings, provider frames or out-of-stock frames may delay the standard turnaround time.

### Do I need a claim form?

Claim forms are only required if you visit an out-of-network provider. Claim forms are available on our member Web site.

### Can I split my benefits?

You may split your benefits by receiving your eye examination and eyeglasses or contact lenses on different dates or through different provider locations. To maximize your benefit value we recommend that all services be obtained from a network provider.

### Can I use an out-of-network provider?

Yes; however, you receive the greatest value by staying in-network. If you go out-of-network, pay the provider at the time of service, then submit a claim to Davis Vision for reimbursement, up to the following amounts: eye exam - \$10 | spectacle lenses and frame - \$35 | elective contacts - \$35 | visually required contacts - \$350.

### Are there any exclusions to the vision benefits?

Your vision plan does not cover medical treatment of eye disease or injury; vision therapy; special lens designs or coatings, other than those described herein; replacement of lost eyewear; non-prescription (plano) lenses; contact lenses and eyeglasses in the same benefit cycle; services not performed by licensed personnel; two pair of eyeglasses in lieu of bifocals.

**For more details...** about your vision benefits, patient rights and responsibilities about Davis Vision or to obtain a copy of Davis Vision's Privacy Practices Notice, please log on to our member Web site or contact us at 1.800.999.5431.

## DAVIS VISION EXTRAS!

**One Year Breakage Warranty** Repair or replacement of your plan covered spectacle lenses, Collection frame or frame from a network retail location where the Collection is not displayed.

**Additional Savings** Members will receive 50% off of 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. Contact lenses are available at a 10% discount.

**Mail Order Contact Lenses** Replacement contacts (after initial benefit) through [www.DavisVisionContacts.com](http://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.

**Laser Vision Correction** Davis Vision provides you and your eligible dependents with the opportunity to receive discounted laser vision correction, often referred to as LASIK. For more information, visit [www.davisvision.com](http://www.davisvision.com).

**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.

*Davis Vision has made every effort to correctly summarize your vision plan features herein. In the event of a conflict between this information and your organization's contract with Davis Vision, the terms of the contract will prevail.*

*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 12.38% 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.*

## Warranty and return policies

### Warranty and materials replacement

#### **Breakage warranty for plan-supplied frames and/or lenses**

- All Davis Vision Exclusive Collection frames and spectacle lenses made in our laboratories are warranted against breakage for one (1) year from the original date of dispensing.
- The warranty is limited to one replacement during one (1) year coverage period. Note: if a member changes frames within the 30-day material change period, this counts as a replacement, and the new frames will not be covered by the breakage warranty.
- The prescription and frames (when available) must match the original order.

#### **Allergic reaction to plan-supplied frames**

- If the patient experiences an allergic reaction to plan-supplied frames within the first ninety (90) calendar days from the original date of dispensing, we will provide a new complete pair of eyeglasses in an alternative frame at no charge. Note: the new frames will count as a replacement and will not be covered by warranty.

#### **Scratch protection plan**

- All spectacle (eyeglass lenses) lenses are under a 1-year warranty if the Scratch Protection program is purchased by the member. Multiple replacements are allowed for scratched lenses.
- We will replace, within one (1) year from original dispensing date, spectacle lenses that have become scratched under normal usage, only if the "Scratch Protection warranty" option was selected.
- This policy applies to **all** lens types and materials at the time of service.
- Note: Essilor labs may require that the spectacle lenses be sent back to the lab before agreeing to do multiple lens replacements within the 1 year. The first and second redo's for scratch protection would be approved without the spectacle lenses being returned.

#### **Spectacle lens scratch "coating" (not scratch protection)**

- All lenses except CR39 (plastic standard lens) include scratch coating. We will replace all lenses except CR39 within (1) year from original dispense

date if they become scratched under normal usage. This warranty covers only 1 replacement for scratched lenses.

- Note: If a member changes their spectacle lens type during their 30-day material change period, that is consider their 1 replacement. The new spectacle lenses will not be warrantied.

#### **Anti-reflective coatings**

- For a period of one (1) year from the original date of dispensing, all lenses that have had an anti-reflective coating (ARC) applied and which is peeling or crazing, will be replaced with new AR coated or uncoated lenses (member choice) of the same material, style and prescription, at no charge.

**Note:** This ARC replacement policy does not cover scratches

### Patient requested returns

#### **Frame style, lens style and/or lens material**

- For a period of thirty (30) calendar days from the original date of dispensing, the patient may return any pair of Davis Vision Exclusive Collection frames and/or lenses to the eye care professional for changes.

**Note:** Dispensing date is assumed to be ten (10) days after the date shipped from the laboratory

### Eye care professional changes

#### **Change of prescription**

- Our eye care professionals may make any prescription changes necessary for a period of either ninety (90) calendar days for eyeglasses or thirty (30) calendar days for contact lenses from the original date of dispensing.

#### **Non-adaptation to progressive addition (no-line bifocal) lenses**

- For a period of sixty (60) calendar days from the original date of dispensing, progressive lenses may be returned for replacement with conventional single vision, bifocal, or trifocal lenses. Applicable copayments will not be refunded.

