

## What about additional eyewear purchases?

Special arrangements have been made so that you and your dependents can purchase additional pairs of eyeglasses directly from Davis Vision at significantly reduced prices, through the Value Advantage Program. For more information, please call Davis Vision at 1-800-999-5431.

## Information about Laser Vision Correction Services:

Davis Vision is pleased to provide you and your eligible family members with the opportunity to receive Laser Vision Correction Services through a network of experienced, credentialed surgeons at significant discounts. For more information, please visit our website at [www.davisvision.com](http://www.davisvision.com) or call 1-800-999-5431.

## 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](http://www.Lens123.com).
- A one year unconditional breakage warranty is provided for all eyeglasses completely supplied through the Davis Vision collection.

## 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.
- Services not performed by licensed personnel.
- Contact lenses and eyeglasses in the same benefit cycle.
- Two pairs of eyeglasses in lieu of a bifocal.

**For more information, please visit Davis Vision's website at [www.davisvision.com](http://www.davisvision.com) or call Davis Vision at 1-800-999-5431 to:**

- Learn about the Davis Vision company.
- Find participating providers and where to access "The Collection" (which can also be viewed on-line).
- Verify eligibility for yourself or your dependents.
- Print an enrollment confirmation from our website.
- Request an out-of-network provider reimbursement 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](http://www.davisvision.com) or call 1-800-999-5431.

*Sponsored by, and administered on behalf of the members and dependents of:*

***N.A.G.E., S.E.I.U.  
Local 5000/Trial  
Court of Massachusetts  
Health and Welfare  
Fund***

*Please call Davis Vision at*

**1-800-999-5431**

*with questions or visit our website:*

**[www.davisvision.com](http://www.davisvision.com)**



## Vision Care Plan Benefit Description

N.A.G.E., S.E.I.U. Local 5000/Trial Court of Massachusetts Health and Welfare Fund enables you and your eligible dependents to receive quality vision care services. Eligibility for benefits under the Plan is determined by the same rules that apply to your Dental benefits.

### 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 N.A.G.E., S.E.I.U. Local 5000/ Trial Court of Massachusetts Health and Welfare Fund member or covered dependent.
- Provide the office with the member's Identification number and the name and 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!

### 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](http://www.davisvision.com) and utilize our "Find a Doctor" feature.

## What are the plan benefits, frequencies and costs?\*

**EYE EXAMINATIONS** . . . .Every 12 months  
**In-Network Copayment** . . . . . \$12.00  
**Out-of-Network** . .Reimbursed up to \$25.00

**EYEGLASSES** . . . . . Every 24 months  
Spectacle Lenses . . . . . \$10.00  
Frames . . . . . \$5.00

You may choose from the Designer selection of frames from "The Collection" available in most network provider offices. A \$20.00 credit will be applied toward a network provider's own frame. If you choose a frame with a price that exceeds the credit, you will be responsible for any balance. For more information on lenses, please see "What lenses/coatings are included?"

**Out-of-Network** . .Reimbursed up to \$20.00 for frames, up to \$25.00 for single vision lenses, up to \$40.00 for bifocals, or up to \$55.00 for trifocals.

**CONTACT LENSES** . . . . Every 24 months  
**In-Network Copayment** . . \$25.00 or \$45.00

Standard, soft, daily-wear, disposable\*, or planned replacement contact lenses may be selected in lieu of eyeglasses. Your provider will give you specific copayment information for the type of lenses you require. A \$100.00 credit will be applied toward contact lenses from the network provider's own supply (which may or may not apply toward fitting/follow-up care fees).  
**Out-of-Network** . . . . . \$100.00

*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 do not include professional services for contact lens evaluations. Any applicable fees are the responsibility of the patient.*

*\*New (to the provider, or first-time) contact lens wearers will receive an initial supply (two multi-packs) of lenses, along with all necessary visits for proper fitting and recommended follow-up care. Existing contact lens wearers will receive four multi-packs of lenses.*

**\*\*Your provider reserves the right not to dispense materials until all applicable member costs, fees, and copayments have been collected.**

## 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.
- Polycarbonate lenses for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.

## 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 copayment) and receive these exciting optional items:

- \$25.00 for Premier frames from "The Collection".
- \$20.00 for scratch-resistant coating.
- \$12.00 for ultraviolet coating.
- \$35.00 for standard ARC (anti-reflective coating). Premium ARC is \$48.00.
- \$50.00 for standard progressive addition lenses. Premium progressive addition lenses are \$90.00.+
- \$30.00 for intermediate vision lenses.
- \$20.00 for Blended Invisible Bifocal lenses.
- \$30.00 for polycarbonate lenses (for adults).
- \$55.00 for high-index (thinner and lighter) lenses.
- \$75.00 for polarized lenses.
- \$20.00 for Photogrey Extra® (photosensitive) glass lenses.
- \$65.00 for plastic photosensitive lenses.

*+ 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 copayment is not refundable.*

## When will I receive my eyewear?

Your eyewear will be delivered 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 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 can 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](http://www.davisvision.com) or call 1-800-999-5431.

## May I use the benefit at different times?

You may "split" your benefits by receiving your eye examination and eyeglasses (or contact lenses) on different dates or through different provider locations, if desired. However, complete eyeglasses must be obtained at one time, from one provider. Continuity of care will best be maintained when all available services are 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.