

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 the website at www.davisvision.com or call 1-800-999-5431. The Fund does not cover Laser Vision Correction Services; this is a discount only program.

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.

Are there any exclusions?

The following items are not covered by the Optical Assistance 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.
- Safety glasses

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

- Learn about the Davis Vision company.
- Access the Interactive Voice Response Unit, to locate network Closed Plan providers in your area who have "The Collection".
- Verify eligibility for you or your family members or print an Enrollment Confirmation from our website.
- Understand emergency care.
- Speak with a Member Service Representative.
- Ask any questions about your Optical Assistance 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 of Davis Vision:

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 Davis Vision's website at: www.davisvision.com or call 1-800-999-5431.

Optical Assistance Program

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

The Commonwealth of Massachusetts/NAGE Health and Welfare Trust Fund

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



Optical Assistance Program Benefit Description

The Commonwealth of Massachusetts/NAGE Health and Welfare Trust Fund is pleased to provide this information about your Optical Assistance Program.

It's your choice between the Closed and Open Plans!

- The Closed Plan provides benefits through Davis Vision network providers.
- The Open Plan allows you to receive benefits from any vision care provider you choose.

Eligibility for the Optical Assistance Program is determined by the same rules that apply to your other Trust Fund benefits.

How do I receive services from the Closed Plan?

- Call the Davis Vision network provider of your choice and schedule an appointment.
- Identify yourself as a Davis Vision plan participant and a Commonwealth of Massachusetts/NAGE Health and Welfare Trust Fund member or covered dependent.
- Provide the office with the member's Identification number and the name and date of birth of any covered dependents 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 Closed Plan 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 the website at www.davisvision.com and utilize the "Find a Doctor" feature.

What are the plan benefits, frequencies and costs?

Closed Plan Benefits

You and your covered dependents are entitled to an eye exam and **one** of the following combinations:

- Two (2) pairs of single vision eyeglasses.
- One (1) pair of multifocal eyeglasses (bifocal, trifocal, or cataract).
- Two (2) dispenses of contact lenses in lieu of eyeglasses.
- One (1) pair of eyeglasses (single vision, bifocal, or trifocal,) and one (1) dispense of contact lenses.

EYE EXAMINATIONSEvery 24 months, every 12 months for dependents under age 19, including dilation as professionally indicated.
Closed Plan Copayment None.
Open Plan Reimbursement . . . Up to \$50.00

EYEGLASSESEvery 24 months, every 12 months for dependents under age 19.
Closed Plan Copayment:None.
You may choose from the Fashion selection of frames from "The Collection" available in most Davis Vision provider offices. A \$35.00 wholesale credit will be applied toward the provider's own frame.
Open Plan Reimbursement . . .Up to \$150.00 for one pair of eyeglass lenses and a frame.

CONTACT LENSESEvery 24 months, every 12 months for dependents under age 19.
Closed Plan Copayment None.
Plan supplied standard, soft, daily-wear, disposable* or planned replacement* contact lenses are available. A \$150.00 credit plus a 20% discount off the balance will be applied toward contact lenses from the provider's own supply (which may or may not apply toward fitting/follow-up care fees). If you choose contact lenses only (no eyeglasses), you will be entitled to **one** \$150.00 credit. Medically necessary contact lenses will be covered in full with prior approval.
Open Plan Reimbursement . . .Up to \$200.00 for eye exam and contact lenses; or up to \$150.00 for contact lenses when the exam benefit has been used in-network.

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.

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

REPLACEMENT OF LOST OR BROKEN GLASSESEvery 24 months, every 12 months for dependents under age 19.
Replacement eyeglasses will take the place of any other vision or contact lens benefit.
Open Plan Reimbursement OnlyUp to \$200.00

What lenses/coatings are included in the Closed Plan?

- Plastic or glass single vision, bifocal or trifocal lenses, in any prescription range.
- Post-cataract lenses.
- Fashion, sun or gradient tinted lenses.
- Oversize lenses.
- Intermediate vision lenses.
- Scratch-resistant coating.
- Photogrey Extra® (photosensitive) glass lenses.
- Blended invisible bifocals.
- Standard progressive addition multifocal brands. **
- 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 from the Closed Plan?

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

- \$15.00 for the Designer frames.
- \$40.00 for the Premier frames.
- \$35.00 for standard ARC (anti-reflective coating). Premium ARC is \$48.00.
- \$30.00 for polycarbonate lenses.
- \$75.00 for polarized lenses.
- \$65.00 for plastic photosensitive lenses.
- \$12.00 for ultraviolet (UV) coating.
- \$55.00 for high-index (thinner and lighter) lenses.
- \$80.00 for premium progressive addition multifocal brands. **

*** 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.*

When will I receive my eyewear from the Closed Plan?

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 a participating provider's frame is selected.

What about the Open Plan?

Under the Open Plan, you may receive services from any vision care provider you choose, although you will likely receive the greatest value and maximize your benefit dollars if you use the Closed Plan. If you elect to use the Open Plan, you must pay the provider directly for all charges and then submit a claim to Davis Vision 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. You **must** submit your claims for an eye examination and materials at **one time, on one claim form**. To request claim forms, please visit the Davis Vision website at www.davisvision.com or call 1-800-999-5431. All claims must be submitted and received by Davis Vision within one year from the date of service.

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, lenses, frames, and contact lenses 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 Closed Plan or Open Plan provider.