

Vision Care Plan Benefit Description

Sponsored by, and administered on behalf of the employees and dependents of



Nassau County

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

Nassau County is pleased to provide this information about your vision care plan administered by Davis Vision, Inc., a leading national administrator of vision care programs. Eligibility for vision care benefits is determined by the same rules that apply to your health care 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 and Nassau County member or dependent.
- Provide the office with the member ID number 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 or ID cards are not required!

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 **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.

Plan benefits, frequencies and costs:

EYE EXAMINATIONS	Every January 1
In-Network Copayment	\$0
Out-of Network	Reimbursed up to \$16.

EYEGLASSES	Every January 1
In-Network Copayment	\$0
You may choose from the Premier selection of frames from "The Collection" in most network provider offices. A \$50 credit will be applied toward a network provider's own frame.	
Out-of-Network	Reimbursed
up to \$11 for a frame, up to \$14 for single vision lenses, up to \$23 for bifocal lenses or up to \$32 for trifocal lenses, up to \$25 for single vision lenticular lenses, up to \$35 for multifocal lenticular lenses.	

VDT/SAFETY BENEFIT (ACTIVE EMPLOYEES ONLY)

VDT Eye Examination, Designer Frame and Spectacle Lenses	Every January 1,
in conjunction with dress eyewear (prior enrollment required).	

CONTACT LENSES	Every January 1
In-Network Copayment	\$25

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. If you select contact lenses, your evaluation, fitting and follow up care will also be covered.

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

Standard/Daily Wear	One pair of lenses
Disposable	Four boxes/multi-packs
Planned Replacement	Two boxes/multi-packs

In lieu of the Davis Vision contact lenses, members may use their \$60 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.

Medically necessary contact lenses will be covered in full with prior approval.

Out-of-Network	Reimbursed up to \$60 for
contact lenses, up to \$80 for lenticular contact lenses.	

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.

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.*
- Premier Frame from “The Collection”.*
- Ultraviolet (UV) coating.
- Scratch-resistant coating.
- Standard and premium progressive addition multifocal lenses.**
- Glass photochromic lenses.
- Blended invisible bifocals.
- Intermediate vision 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 copayment) and receive these exciting optional items:

- \$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.*

** Option is not available on VDT or safety eyewear.*

*** 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 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 Web site at www.davisvision.com or call 1-800-999-5431.

May I use the benefit at different times?

You may receive one eye examination and one frame and a pair of eyeglass lenses or contact lenses during each benefit cycle. Select members only may also receive an additional pair of VDT or safety eyeglasses at a participating provider. All desired services must be claimed at one time. Services may not be received at both a participating and non-participating provider, or at different times.

Information about Low Vision Services:

You and your covered dependents are entitled to a comprehensive low vision evaluation once every five years and low vision aids up to the plan maximum. Up to four follow-up care visits will be covered during the five year period.

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 providers 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 1-800-999-5431.

Mail Order Contact Lenses:



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.

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).

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