DAVIS VISION®
THE EYECARE ADVANTAGE
www.davisvision.com

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

Mahopac Teachers Association Benefit Fund

Vision Care Plan Benefit Description

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

The Mahopac Teachers Association Benefit Fund is pleased to provide you with information about your vision care plan administered by Davis Vision, Inc., a leading national administrator of routine vision care programs. Eligibility for vision care benefits is determined by the same rules that apply to your other 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 member of The Mahopac Teachers Association Benefit Fund.
- Provide the office with your Social Security number.

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** and utilize our "Find a Doctor" feature.

What are the plan benefits, frequencies and costs?

☑ **EYE EXAMINATION** . . . . . Once every 12 months
including dilation as professionally indicated.
Copayment . . . . . None
In-Network . . . . . Covered
Out-of-Network . . . . . Up to $10.00

☑ **SPECTACLE LENSES** . . . . . Once every 12 months
Copayment . . . . . None
In-Network . . . . . Covered
Out-of-Network . . . . . See ** below

☑ **FRAME** . . . . . Once every 12 months
Copayment . . . . . None
In-Network . . . . . Designer Selection
from "The Collection" available in network provider offices or a $14.00 credit toward a network provider's own frame.
Out-of-Network . . . . . See * below

☑ **CONTACT LENSES**
ELECTIVE . . . . . Once every 12 months.
Copayment $25.00
In-Network . . . . . Standard, soft,
daily-wear, disposable** or planned replacement* contact lenses may be selected in lieu of eyeglasses or a $67.70 credit toward contact lenses from the provider's own supply, including fitting fees and recommended follow up care. Your provider will give you specific copayment information for the type of lenses you require.
Out-of-Network . . . . . See ** below

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.

* *Materials received at an out-of-network provider will be reimbursed up to a total of $35.00.*

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

May one of my dependents receive vision benefits?

You have the option of assigning your vision benefit to one eligible dependent (spouse or child) by completing a **Benefit Assignment Authorization Form.** Simply complete the form and present it to the provider at the time of your appointment. Assigning your benefit will be considered full usage of your benefit.

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.
- Scratch-resistant coating.
- Photogrey Extra® (sun-sensitive) glass lenses.
- Ultraviolet (UV) coating.
- Blended invisible bifocals.
- Standard progressive addition lenses.*

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

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

- $25.00 for a Premier frame from "The Collection".
- $35.00 for standard ARC (anti-reflective coating). Premium ARC is $48.00. Ultra ARC is $60.00.
- $75.00 for polarized lenses.
- $65.00 for plastic photosensitive lenses.
- $55.00 for high-index (thinner and lighter) lenses.
- $40.00 for premium progressive addition multifocal lenses. ***
- $30.00 for intermediate lenses.

*** *Progressive addition multifocals can be worn by most people. Conventional bifocals will be supplied 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?

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 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 (and a completed Benefit Assignment Form if the claim is for a spouse or child) to:

Vision Care Processing Unit
P.O. Box 1525
Latham, NY 12110

To request claim forms or benefit assignment forms, please call 1-800-999-5431.

May I use the benefit at different times?

To maintain continuity of care, all services must be obtained at one time from either a network or an out-of-network provider.

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.

More special features:

- Free membership and access to a mail order replacement contact lens service, Lens 1-2-3®, 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 this vision program:

- Medical treatment of eye disease or injury.
- Vision therapy.
- Special lens designs or coatings, other than those previously described.
- Non-prescription (plano) lenses.
- Services not performed by licensed professionals.
- Replacement of lost eyewear.
- 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 about the Davis Vision company.
- Access the Interactive Voice Response Unit which will provide network providers nearest you.
- Verify eligibility for yourself or your dependents.
- 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** or call 1-800-999-5431.