

Vision

Plan participants and their eligible dependents are entitled to a pair of glasses (lenses and frames and an optometric examination) once every two years (24 months). This benefit can be rendered through the vendor contracted by the Fund, Davis Vision, or through other licensed providers.

Service through Davis Vision has no out-of-pocket costs for a limited selection of frames and lenses. Service rendered through other providers is subject to a maximum reimbursement of \$200. If you use a provider that is not part of Davis Vision, [a Direct Reimbursement claim form](#) should be submitted within 90 days of service. Eye examinations other than for purchase of glasses or contact lenses are not covered.

Examination is provided by a licensed optometrist for determination of refractive index as well as detection of cataracts, glaucoma and retinal/corneal disorders. There is no co-payment when using an in-network provider.

Frames You may choose any Fashion, Designer or Premier-level frame from Davis Vision's Frame Collection, free of charge.

If you visit a Davis Vision participating provider and you select a non-plan frame, a \$100 credit, plus a 20% discount will be applied. This credit would also apply at retail locations that do not carry the Frame Collection.

If you visit a Davis Vision Visionworks location, and choose a non-plan frame, a \$175 credit plus 20% discount is available.

Members are responsible for the amount over \$100 (or \$175 at a Visionworks location), less the applicable discount.

Lenses A range of special lenses and coatings is available with no co-payment at any in-network provider. For a complete list, see the [Davis Vision brochure](#).

Contact Lenses In lieu of eyeglasses, you may select contact lenses. Any contact lenses from Davis Vision's Contact Lens Collection are available at no charge. Evaluation, fitting and follow-up care will also be covered. The Davis Vision Premium Contact Lens Collection includes disposable and planned replacement lenses.

Members may use their \$150 credit, plus a 15% discount toward non-Davis Vision Collection contact lenses, evaluation, fitting and follow-up care.

Visually required contact lenses will be covered up to \$105 with prior approval and may be prescribed only for certain medical conditions, such as Keratoconus.

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. The Davis Vision collection is available at most participating independentprovider locations.

Special Dependent Coverage allows dependent children up to age 19 a pair of glasses (frame and lenses) every 12 months (known as the "off year" benefit). There is no reimbursement from the Fund for Special Dependent Coverage from non-participating providers.

Eye examinations are covered through a participating Davis Vision provider when made in conjunction with the purchase of glasses or contact lenses. If the purchase of corrective lenses and frames is made at a later time, there is a three-month limit in order to qualify for the balance of the benefit.

To use your benefit at Davis Vision Access Davis Vision's website at www.davisvision.com and use the "Find a Doctor" feature (On the Davis homepage, click on the "Members" tab, which will bring you to a menu. Type in the client code 2022 and submit), or call 1.800.999.5431 for the names and addresses of the network providers nearest you. Call the network provider of your choice and schedule an appointment. Identify yourself as a PSC-CUNY Welfare Fund member or dependent and Davis Vision member. Provide the office with your name, SS# and the name and date of birth of any covered member/dependent needing services. The provider's office will verify your eligibility for services. You may also create a personal account by logging onto the Davis Vision website. See the Davis Vision benefit brochure [here](#).

Other Providers Any licensed provider of vision services may be used as an alternative to Davis Vision providers. The reimbursement will cover costs not to exceed \$200 (for service provided after Jan. 1, 2017) every two years. A [claim form](#) should be submitted within 90 days of service.

Split services may occur if a participant obtains an examination through a vendor, then elects to have the prescription filled elsewhere or not at all (doesn't file with the Fund). Reimbursement will be limited to the initial vendor. All services must be performed within 90 days. Special Note: Split services are not available for contact lenses. Prescriptions for contact lenses must be filled by the provider who performs the examination.