

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.

Mail Order Contact Lenses:

Replacement contacts (after initial benefit) through www.DavisVisionContacts.com mail-order service ensures easy, convenient, purchasing online and quick, direct shipping to your door. Log on to our member Website for details.

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 performed by non-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
- 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
- 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.

"All insured products are underwritten by either HM Life Insurance Company or HM Life Insurance Company of New York."

Davis Vision may operate as Davis Vision Insurance Administrators in California

Vision Care Plan Benefit Description

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



For more information, please visit Davis Vision's website at: www.davisvision.com, select the member option and enter client code 2022 or call 1.800.999.5431 (toll free).



PSC-CUNY Welfare Fund 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 eligibility 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 member and PSC-CUNY Welfare Fund member or dependent.
- Provide the office with the member ID number and the name and date of birth of any covered member/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.



What are the plan benefits, frequencies and costs?

EYE EXAMINATIONS Every 24 months except dependents up to age 19, who are eligible every 12 months only when services are provided in-network, including dilation as professionally indicated.

In-Network Copayment \$0

EYEGASSES Every 24 months except dependents up to age 19, who are eligible every 12 months only when services are provided in-network.

In-Network Copayment \$0

You may choose any Fashion, Designer or Premier level frame from Davis Vision's Frame Collection, covered in full. If you visit a Visionworks location, and choose a non-plan frame, a \$175 credit, plus 20% discount off any overage is available. If you visit a participating provider office and you select a non-plan frame, a \$100 credit, plus a 20% discount off any overage will be applied. This credit would also apply at retail locations that do not carry the Frame Collection. Members are responsible for the amount over \$100 (or \$175 at a Visionworks location), less the applicable discount. For more information on lenses, please see "What lenses/coatings are included?"

CONTACT LENSES (IN LIEU OF EYEGASSES) Every 24 months except dependents up to age 19, who are eligible every 12 months only when services are provided in-network.

In-Network Copayment \$0

Any contact lenses from Davis Vision's Contact Lens Collection will be covered in full per the number indicated below, and your evaluation, fitting and follow up care will also be covered.

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

Disposable Eight boxes/multi-packs¹

Planned Replacement Four boxes/multi-packs¹

Members may use their \$150 credit, plus a 15% discount off any overage, 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 independent provider locations.

What lenses/coatings are included?²

- 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.
- Blended invisible bifocals.
- Scratch-resistant coating.
- Glass photochromic lenses.
- Ultraviolet (UV) coating.
- Intermediate vision lenses.
- Standard, premium and ultra ARC (anti-reflective coating).
- Polarized lenses.
- Photochromic lenses (i.e. Transitions®³, etc.)
- High-index (thinner and lighter) lenses.
- Standard, premium and ultra progressive addition multifocal lenses⁴

¹ Number of contact lens boxes may vary based on manufacturer's packaging.

² These lens options apply to in-network benefits only.

³ Transitions® is a registered trademark of Transitions Optical Inc.

⁴ 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.

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.

May I use the benefit at different times?

You may "split" your benefits by receiving your eye examination and materials at different time periods or provider locations, if desired. Your materials must be received within 90 days of your eye examination. Split services are not available for contact lenses. Prescriptions for contact lenses must be filled by the provider who performs the examination. Continuity of care will best be maintained when all available services are obtained at one time from a network provider.

Out-of-Network (in lieu of in-network provider)

Members and dependents (including dependents up to age 19) may receive services from an out-of-network provider every **24 months** and be eligible for a maximum \$200 reimbursement. Out-of-network claim forms are available from Davis Vision and can be found on the PSC-CUNY Welfare Fund's website pscunywv.org under "Forms".

