



# **Vision (Adjuncts)**

Home 5 Adjuncts 5 Fund Benefits (Adjuncts) 5 Vision (Adjuncts)

Coverage under the adjunct plan is individual-only. For Family Coverage, please call the Fund office for more information and the current premium rate. Family premiums must be paid on a quarterly basis. Enrollment in NYC-CBP basic health insurance, family coverage, is requisite. The Welfare Fund Family Enrollment Supplement form is on the Forms page.

Plan participants and their eligible dependents are entitled to a pair of glasses (lenses and frames and an optometric examination) once per calendar year, to be purchased at any time during the calendar year. This benefit can be rendered through the vendor contracted by the Fund, Davis Vision, or through other licensed providers.

# **How does the Davis Vision plan work?**

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 up to \$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. In order for the Fund to maintain accurate records, reimbursement claims should be submitted and will only be accepted once per year, no matter the amount.

Eye examinations are covered through a participating Davis Vision provider when made in conjunction with the purchase of glasses or contact lenses. Eye examinations other than for purchase of glasses or contact lenses are not covered. As of July 1, 2024, an exam and purchase of glasses can occur on different visits, within the Davis Vision network.

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.

# **Vision Benefit EOBs for Flex Accounts**

EOBs for in-network claims are available from the DavisVision.com website. Registered members can access and print out their own EOBs. For online registration, your ID is your Social Security number. Members can also call Davis Vision at 800-999-5431.

**Register online** 

### **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 innetwork 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, □tting and follow-up care will also be covered. The Davis Vision Premium Contact Lens Collection includes disposable (8 boxes) and standard replacement lenses (4 boxes).

Members may use their \$150 credit, plus a 15% discount toward non-Davis Vision Collection contact lenses, evaluation, □tting 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 □tted, they may not be exchanged for eyeglasses. The Davis Vision collection is available at most participating independent provider locations.

# How do I find a participating Davis Vision eyeglass store?

Access Davis Vision's website 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 of ce with your name, SS# and the name and date of birth of any covered member/dependent needing services. The provider's of ce will verify your eligibility for services. You may also create a personal account by logging onto the Davis Vision website.

### What if I don't go to Davis Vision?

Any licensed provider of vision services may be used as an alternative to Davis Vision providers. The reimbursement will cover frames, lenses or contact lenses costs not to exceed \$200 once per year. A claim form should be submitted within 90 days of service.

### Save as a pdf

This page

**Entire Summary Plan Description** 

### **Have Questions?**

**Davis Vision** 

800-999-5431

Website

### **Related Content**

**Provider Contacts** 

**FAQs** 

#### **Forms**

Video Overview (Davis Vision Benefit)

**Common Vision Terms** 

Actives Adjuncts

Eligibility

Fund Benefits Fund Benefits

Optional Benefits Thinking of Retiring?

Thinking of Retiring? COBRA

If You Take a Leave of Absence HIPAA

If You Die in Service Review and Appeals

Other Important Info

COBRA

**HIPAA** 

Review and Appeals

Other Important Info

Retirees Forms

Eligibility FAQs

Fund Benefits Contacts

Optional Benefits

When You Retire SPDs

Survivor Benefits About the Fund

COBRA

**HIPAA** 

Review and Appeals

Other Important Info