



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

Madison – Oneida – Herkimer Health Care Consortium

Vision Care Plan Benefit Description

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

Madison-Oneida-Herkimer Health Care Consortium is pleased to provide this 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 Davis Vision plan participant and a Madison-Oneida-Herkimer Health Care Consortium member or covered dependent.
- Provide the office with the member's ID number and the name and date of birth of any covered children needing services.

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?

<input checked="" type="checkbox"/>	EYE EXAMINATIONS	Every 12 months
	including dilation as professionally indicated.	
	In-Network Copayment	None
	Out-of-Network	Reimbursed up to \$10.00

<input checked="" type="checkbox"/>	SPECTACLE LENSES	Every 12 months
	In-Network Copayment	\$25.00
	Out-of-Network	Reimbursed up to \$20.00 for single vision lenses, up to \$50.00 for bifocals, up to \$100.00 for trifocals, up to \$100.00 for lenticular lenses.

<input checked="" type="checkbox"/>	FRAMES	Every 24 months
	In-Network Copayment	\$25.00
	You may choose from the Designer Selection of frames from "The Collection" available in most network provider offices. A \$30.00 credit will be applied toward a network provider's own frame.	
	Out-of-Network	Reimbursed up to \$20.00

<input checked="" type="checkbox"/>	CONTACT LENSES	Every 12 months
	In-Network Copayment No copayment applies toward plan supplied standard, soft, daily-wear, disposable** or planned replacement contact lenses in lieu of eyeglasses. A \$120.00 credit plus a 15% discount on any overage will be applied toward contact lenses from the provider's own supply (which may or may not apply toward fitting/follow-up care fees). Medically necessary contact lenses are covered in full (prior approval is required).	
	Out-of-Network	Reimbursed up to \$120.00 for cosmetic and medically necessary 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 patients.

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

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 for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.

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

Yes, you can pay the low, discounted fixed fees (in addition to your basic copayment) indicated and receive these exciting optional items:

- \$25.00 for a Premier frame.
- \$30.00 for intermediate vision lenses.
- \$30.00 for polycarbonate lenses.
- \$20.00 for scratch-resistant coating.
- \$20.00 for Photogrey Extra® (photosensitive) glass lenses.
- \$12.00 for ultraviolet (UV) coating.
- \$35.00 for standard ARC (anti-reflective coating). Premium ARC is \$48.00. Ultra ARC is \$60.00.
- \$75.00 for polarized lenses.
- \$20.00 for blended invisible bifocals.
- \$65.00 for plastic photosensitive lenses.
- \$55.00 for high-index (thinner and lighter) lenses.
- \$50.00 for standard progressive addition multifocal lenses. Premium progressive addition multifocals are \$90.00.*

** 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?

Your eyewear will be sent 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 providers 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**

All services should be submitted at the same time, as only one claim for reimbursement may be submitted per benefit cycle. To request claim forms, please visit the DavisVision website at www.davisvision.com or call 1-800-999-5431.

May I use the benefit at different times?

All available services must be obtained at one time from either a network or an out-of-network provider.

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 is pleased to provide you and your eligible dependents with the opportunity to receive Laser Vision Correction Services at significant discounts through a network of experienced, credentialed surgeons (please note that some providers have flat fees equivalent to these discounts). For more information, please visit our website 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 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.
- 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.
- Replacement of lost eyewear.
- Non-prescription (plano) lenses.
- Services not performed by licensed personnel.
- Two pairs of eyeglasses in lieu of a bifocal.
- Contact lenses and eyeglasses in the same benefit cycle.

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.
