

Vision Care Plan Benefit Description

Sponsored by, and administered on behalf of the employees and eligible dependents of



Bald Eagle Area School District

For information prior to enrolling visit Davis Vision's website at: www.davisvision.com, select the member option and enter client code **4343** or call **1.877.923.2847** (toll free).

Once enrolled, please visit Davis Vision's website: www.davisvision.com, or call **1.800.999.5431** with questions.

Bald Eagle Area School District 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 rules that apply to your health care benefits.

What are my services?

Through special arrangements, Bald Eagle Area School District provides a covered eye examination and discounts on eyewear and contact lenses to employees and their eligible dependents. Please see the "Employee Discount Fee Schedule" for pricing information.

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 Bald Eagle Area School District employee or dependent.
- Provide the office with the employee ID number located on your Davis Vision ID card and the name and date of birth of any covered dependent needing services.

It's that easy! The provider's office will verify your eligibility for services, and claim forms 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, every 12 months for dependents under age 19, including dilation as professionally indicated.
In-Network Copayment	\$0
Out-of-Network	Reimbursed up to \$32

EYEGASSES

Frame.....	Every 24 months
Spectacle Lenses.....	Every 24 months, every 12 months for dependents under age 19.

In-Network Allowance

Single Vision Lenses	\$18
Bifocal Lenses.....	\$27
Trifocal Lenses	\$35
Lenticular Lenses.....	\$55
Frame.....	\$18

The allowance will be applied toward the discounted price noted in the "Employee Discount Fee Schedule."

Out-of-Network Reimbursed up to \$18 for frames, up to \$18 for single vision lenses, up to \$27 for bifocals, up to \$35 for trifocals, or up to \$55 for lenticular lenses.

CONTACT LENSES	Every 24 months, every 12 months for dependents under age 19.
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In-Network Allowance

A \$36 allowance will be applied toward elective contact lenses from the provider's own supply. The allowance will be applied toward the discounted price noted in the "Employee Discount Fee Schedule" in lieu of eyeglasses.

Out-of-Network..... Reimbursed up to \$36 for elective contact lenses.

What about out-of-network provider benefits?

You may receive services from an out-of-network provider, although you can 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

Only one claim per service may be submitted for reimbursement each benefit cycle. Payment will be made for eyeglasses or contact lenses during a benefit period. To request claim forms, please visit the Davis Vision website at www.davisvision.com or call 1-800-999-5431.

Employee Discount Fee Schedule:*

The member allowance is to be applied to the listed discount cost of materials.

	Member Cost: (at a network provider)
Frames	
Priced up to \$70 retail.....	\$40
Priced above \$70 retail.....	\$40, plus 10% off the amount over \$70
Spectacle Lenses	
Single Vision.....	\$35
Bifocal.....	\$55
Trifocal.....	\$65
Lenticular.....	\$110
Lens Options (Add to spectacle lens prices above)**	
Standard Progressive.....	\$75
Premium Progressive.....	\$125
Glass Lenses.....	\$18
Polycarbonate Lenses.....	\$30
Blended Invisible Bifocals.....	\$20
Intermediate-Vision Lenses.....	\$30
Photochromic Glass Lenses.....	\$35
Scratch-Resistant Coating.....	\$20
Standard ARC (anti-reflective coating).....	\$45
Ultraviolet (UV) Coatings.....	\$15
Solid Tint.....	\$10
Gradient Tint.....	\$12
Plastic Photosensitive Lenses.....	\$65
High-Index Lenses.....	\$55
Polarized Lenses.....	\$75
Contact Lenses	
Conventional.....	20% off Usual and Customary
Disposable/Planned Replacement.....	10% off Usual and Customary
LENS123® Mail Order Contact Lens Replacement Program.....	up to 50% off Retail Prices
Other Products	
Laser Vision Care Services.....	Up to 25% off Usual and Customary †

Please Note: Special lens designs, materials, powers and frames may require additional cost.

* At Wal-Mart or Sam's Club, members will receive comparable values through their everyday low price on an eye examination, frame, and contact lens purchases.

** You will be reimbursed up to \$30 if you receive your eye examination at an out-of-network provider.

*** These lens options and copays apply to in-network benefits only.

† Or receive an additional 5% discount on any advertised specials -- whichever is lower. Please

note that some providers have flat fees that are equivalent to these discounts.

May I use the benefit at different times?

You may "split" your benefits by receiving your eye examination, frame, and spectacle lenses (or contact lenses) on different dates or through different provider locations, if desired. Continuity of care will best be maintained when all available services are obtained at one time from either a network or an out-of-network provider. To maximize your benefit value we recommend that all services be obtained from a 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 provider's 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.

Mail Order Contact Lenses:



Free membership and access to a mail order replacement contact lens service, LENS123, provides 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 LENS123 website at www.LENS123.com.

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.
- Services not performed by licensed personnel.

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
- Request an out-of-network provider reimbursement form
- 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
