

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 provides you and your eligible dependents with the opportunity to receive Laser Vision Correction Services at discounts of up to 25% off a participating providers 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.

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:

- Routine eye examinations.
- 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.
- 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.

Vision Care Plan Benefit Description

*Sponsored by, and administered
on behalf of the employees and dependents of
OPEIU Local 6
and the
**Trial Court of Massachusetts
Health and Welfare Fund***

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

DAVISVISIONSM
SEE LIFE

Vision Care Plan Benefit Description

OPEIU Local 6 and the Trial Court of Massachusetts Health and Welfare Fund are very 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 an OPEIU Local 6 and the Trial Court of Massachusetts Health and Welfare Fund employee or covered dependent.
- Provide the office with the employee's ID number and the date of birth of any covered dependents 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?

SPECTACLE LENSES Once every 24 months
In-Network Copayment \$10.00 for spectacle lenses and/or a frame
Out-of-Network Reimbursement up to \$25.00 for single vision lenses, \$35.00 for bifocal lenses, \$45.00 for trifocal lenses, \$60.00 for lenticular (post-cataract) lenses.

FRAMES Once every 24 months
In-Network Copayment \$10.00 for spectacle lenses and/or a Designer frame from "The Collection" available in most network provider offices. A \$90.00 retail credit, plus a 20% discount off the overage will apply toward a network provider's or retail location's own frame.
Out-of-Network . . . Reimbursement up to \$30.00

CONTACT LENSES . . Once every 24 months
In-Network A \$100.00 credit, plus a 15% discount off the overage will be applied toward all contact lenses from the provider's or retail location's private supply, including toric and gas permeable. The patient is responsible for any amount over the \$100.00 credit. The patients' out of pocket expense (if any) will vary depending on the lenses prescribed. Your provider will give you specific information about the cost of the contact lenses you require. Medically necessary contact lenses are covered in full with prior approval.
Out-of-Network Reimbursement up to \$75.00 for cosmetic contact lenses; medically necessary contact lenses will be covered in full.

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 patient.

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
- Standard brands of progressive addition lenses.*
- Photogrey Extra® (photosensitive) glass lenses.
- Blended invisible bifocals.
- Ultraviolet (UV) coating.

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

Yes, you can pay the low, discounted fixed fees indicated and receive these exciting optional items:

- \$25.00 for Premier frames from "The Collection".
- \$30.00 for polycarbonate lenses.
- \$20.00 for scratch-resistant coating.
- \$30.00 intermediate vision lenses.
- \$35.00 for standard ARC (anti-reflective coating). Premium ARC are \$48.00. Ultra ARC is \$60.00.
- \$75.00 for polarized lenses.
- \$65.00 for plastic photosensitive lenses.
- \$55.00 for high-index (thinner and lighter) lenses.
- \$40.00 for premium brands of progressive addition lenses.*

**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 (if any) will not be refunded.*

When will I receive my eyewear?

Your eyewear will be delivered 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 provider's 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

To request claim forms, please visit the Davis Vision 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.