



### Vision Care Plan Benefit Summary

Services	In-Network Coverage	Out-of-Network Reimbursement
<b>Eye Examinations</b> Member, spouse, children age 19 and over .....Every 24 months Children under age 19 .....Every 12 months * Including dilation as professionally indicated.	\$0.00 co-payment	Up to \$32.00
<b>Frames</b> .....Every 24 months * Fashion Selection from the exclusive "Tower Collection" in most network provider offices. A \$100.00 credit toward any other frame at a participating provider office. When receiving services from a provider who does not have the collection (such as a participating retail center) the credit will be applied to your purchase.	\$0.00 co-payment for Fashion selection	Up to \$24.00
<b>Spectacle lenses (per pair)</b> Member, spouse, children age 19 and over .....Every 24 months Children under age 19 .....Every 12 months *Single Vision *Bifocal *Trifocal *Lenticular Optional lens types, or coatings may be available at discounted fees.	\$0.00 co-payment for standard lenses	up to \$24.00 up to \$36.00 up to \$46.00 up to \$72.00
<b>Contact Lenses (per dispense)</b> Member, spouse, children age 19 and over .....Every 24 months Children under age 19 .....Every 12 months  * Contact lenses may be selected in lieu of eyeglasses. A \$100.00 credit will be applied toward contact lenses from the provider's own supply. The fitting/follow-up fees will be covered in full. Medically necessary contact lenses will be covered in full with prior approval.  * Medically necessary contact lenses (prior approval required)  <i>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.</i>	\$0.00 co-payment member is responsible for any amount over the credit          covered in full	Reimbursed up to \$100.00 for cosmetic contact lenses, or up to \$100.00 for medically necessary contact lenses with prior approval. Reimbursed up to \$20.00 for the fitting/follow-up care fees for daily contact lenses, up to \$30.00 for the fitting/follow-up fees for extended wear contact lenses.

Monthly Premiums	
Individual	\$4.89
Employee/Spouse	\$9.77
Employee/1 Dependent	\$9.77
Employee Children	\$13.70
Family	\$13.70

Rates are effective through June 30, 2009.

For more information prior to enrolling, call **1-877-923-2847** (toll free) or visit Davis Vision's Website at: [www.davisvision.com](http://www.davisvision.com) and enter client control code **2518**.

Once enrolled, please call Davis Vision at **1-800-999-5431** with questions or visit Davis Vision's website: [www.davisvision.com](http://www.davisvision.com)

**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 PCI Insurance member or covered dependent.
  - \* Provide the office with the member's ID number, and the date of birth if a covered dependent is 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](http://www.davisvision.com) and utilize our "Find a Doctor" feature.

## 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](http://www.davisvision.com) or call **1-800-999-5431**.

## 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](http://www.davisvision.com) or call 1-800-999-5431.

## 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.
- Fashion, sun or gradient tinted prescription plastic lenses.
- Post-cataract 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 indicated and receive these exciting optional items:

- \$25.00 for a Premier frame from the "Tower Collection".
- \$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.
- \$30.00 for intermediate vision 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 additional lenses are \$90.00. \*\*

*\*\* Progressive addition multifocals can be worn by most people. Conventional bifocals will be supplied at no additional charge for anyone who is unable to adapt to progressive addition lenses; however, the copayment will not be refunded.*

## Information about Mail Order Contact Lenses:

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](http://www.Lens123.com).

## For additional information:

Please call Davis Vision at 1-800-999-5431 with questions or visit our website: [www.davisvision.com](http://www.davisvision.com). Member Service Representatives are available: Monday through Friday, 8:00 AM to 8:00 PM, Eastern Time, and; Saturday, 9:00 AM 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](http://www.davisvision.com) or call 1-800-999-5431.