



CRYSTAL VISION Vision Care Plan Benefit Summary

Services	In-Network Coverage	Out-of-Network Reimbursement
Eye Examinations Member, spouse, children age 19 and overEvery 24 months Children under age 19Every 12 months * Including dilation as professionally indicated.	\$0.00 co-payment	Up to \$32.00
 Frames	\$0.00 co-payment for Fashion selection	Up to \$24.00
Spectacle lenses (per pair) Member, spouse, children age 19 and overEvery 24 months Children under age 19Every 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
Contact Lenses (per dispense) Member, spouse, children age 19 and overEvery 24 months Children under age 19Every 12 months * Contact lenses may be selected in lieu of eyeglasses. A \$100.00 credit plus a 15% discount 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. Discount does not apply at participating Wal-Mart, Sam's Club or Costco. 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.	\$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.

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 needs services.
- The provider's office will verify your eligibility for services and no claim forms or ID cards are required.

For more information prior to enrolling, call 1-877-923-2847 (toll free) or visit Davis Vision's Website at: 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

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 <u>www.davisvision.com</u> 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 <u>www.davisvision.com</u> 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 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. (Multifocal stratch protection plan is \$40.)
- \$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 <u>www.Lens123.com</u>.

For additional information:

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

PATIENT WARRANTY INFORMATION:

Davis Vision is committed to providing quality service and 100% customer satisfaction. All materials that are supplied by Davis Vision's ophthalmic laboratories are covered under the following warranties.

* LENS WARRANTIES: COATINGS

• Scratch Resistant Replacement Policy

Davis Vision will replace, within one year from the original dispensing date*, spectacle lenses that have become scratched under normal usage if the Scratch Resistance option was selected and paid by the patient at the time of the original order or if the option is covered in full by the group's vision care plan. This applies to all lens types and materials.

* Dispensing date is assumed to be 10 days after the date shipped from the Davis Vision laboratory.

• Anti-Reflective Coatings (ARC)

For a period of one (1) year from the date of initial dispensing, any anti-reflective coated lenses on which the coating is peeling or cracking will be replaced with new coated or uncoated lenses of the same material, style and prescription at no charge. **NOTE:** The ARC warranty does not cover scratches.

*** PATIENT CHANGES**

• Frame Style, Lens Style and/or Lens Material

For a period of thirty (30) calendar days from the date of initial dispensing, any pair of eyewear may be returned to your provider for changes to the frames and/or lenses selected.

*** DOCTOR CHANGES**

• Change of Prescription

Your doctor may make any prescription changes necessary to ensure the best possible vision for a period of either ninety (90) calendar days for eyewear or thirty (30) calendar days for contact lenses

- both from the date of initial dispensing.

• Non-adaptation to Progressive Addition (No-Line Bifocal) Lenses

While the vast majority of patients are successful in adapting to the unique attributes associated with progressive lenses – providing unparalleled visual acuity – a very small segment of the population will experience a desire to return to more conventional lens designs.

For a period of sixty (60) calendar days from the date of initial dispensing, progressive lenses may be returned for replacement with conventional single vision, bifocal, or trifocal lenses at no additional cost. **NOTE:** Any member copayments associated with the original selection of progressive addition lenses will not be refunded.

* MATERIALS BREAKAGE

• Plan Supplied Frames and/or Lenses

All materials provided by Davis Vision laboratories are guaranteed for one (1) year from the date of initial dispensing. Under the warranty, replacement materials identical to these originally ordered will be supplied at no cost.

Allergic Reaction to Frames

An extremely small percentage of the population might find themselves allergic to some of the alloys used in the manufacture of ophthalmic frames. Should this occur, Davis Vision will provide new eyewear in an alternate frame, anytime within the first ninety (90) days from the date of initial dispensing.

*** GENERAL NOTES**

As it is not possible for Davis Vision to know the exact date of dispensing once materials are returned to your provider, it is assumed that dispensing occurs within ten (10) days of an order shipping from one of the Davis Vision laboratories.

Warranty periods are based on the dates associated with the original pair of eyewear. Any replacement materials provided will be covered for the balance of the original warranty period.

Warranty periods may vary by group. Please refer to your plan benefit description for more information.

If you have any questions, please feel free to call 1-800-28-EYES-4 (1-800-283-9374) for more information.