



Sponsored by, and administered on behalf of the participants of

*Central Pennsylvania Teamsters
 Health & Welfare Fund*

Vision Care Plan Benefit Description

Please call Davis Vision at **1-888-313-2847**
 with questions or visit our website:
www.davisvision.com

Central Pennsylvania Teamsters Health & Welfare Fund is 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 a Central Pennsylvania Teamsters Health & Welfare Fund participant or covered dependent.
 - Provide the office with the participant's alternate identification number and the 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 **1-888-313-2847** to access the Interactive Voice Response (IVR) Unit and enter the last four digits of the participant's Social Security number when prompted. The IVR 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?

EYE EXAMINATIONSEvery other calendar year*, including dilation as professionally indicated.
In-Network Copayment None
Out-of-NetworkSee "What about out-of-network provider benefits?"

SPECTACLE LENSESEvery other calendar year*
In-Network Copayment None
Out-of-NetworkSee "What about out-of-network provider benefits?"

FRAMES Every other calendar year*
In-Network Copayment No copayment applies toward the Premier selection of frames from "The Collection" available in most network provider offices. A \$40.00 wholesale credit will be applied toward a network provider's own frame for an adult. Dependent children under 19 years of age will have a \$50.00 wholesale credit applied.
Out-of-NetworkSee "What about out-of-network provider benefits?"

CONTACT LENSESEvery other calendar year*
In-Network CopaymentNo copayment applies toward plan supplied standard, soft, daily-wear, disposable** or planned replacement** contact lenses in lieu of eyeglasses. A \$95.00 credit 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 with prior approval.
Out-of-NetworkSee "What about out-of-network provider benefits?"

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.

* Dependent children up to the age of 19 are eligible for services every calendar year.

**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.
- Scratch-resistant coating.
- Intermediate vision lenses.
- Photogrey Extra® (photosensitive) glass lenses.
- Ultraviolet (UV) coating.
- Blended invisible bifocals.
- Standard and premium brands of progressive addition multifocal lenses.*
- Standard ARC (anti-reflective coating).

Are there any optional lens types or coatings available?

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

- \$48.00 for premium ARC. 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.

** 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.*

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**

Services will be reimbursed up to:

Eye Examination	\$ 45.00
Materials	\$ 75.00 (frames, spectacle lenses or contact lenses)
Medically Necessary Contact Lenses	\$350.00 (prior approval is required)

To request claim forms, please visit the Davis Vision website at www.davisvision.com or call 1-888-313-2847.

May I use the benefit at different times?

To maintain continuity of care, we recommend all services be obtained at one time from one network or one out-of-network provider's office.

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.
- An 18 month unconditional breakage warranty is provided for all eyeglasses completely supplied by Davis Vision.

What about additional eyewear purchases?

Special arrangements have been made so that you and your eligible dependents can purchase additional pairs of eyeglasses or contact lenses directly from Davis Vision at significantly reduced prices, through the Value Advantage Program. For more information, please call Davis Vision at 1-888-313-2847.

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.
- Contact lenses and eyeglasses in the same benefit cycle.
- Two pairs of eyeglasses in lieu of a bifocal.

For more information, please visit Davis Vision's website at www.davisvision.com or call Davis Vision at 1-888-313-2847 to:

- Access the Interactive Voice Response Unit and enter the last four digits of the participant's Social Security number when prompted, which will provide network providers nearest you.
- Verify eligibility for yourself or a family member.
- 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 1-888-313-2847.