

## CRYSTAL VISION Davis Vision Care Plan

		At a Participating Provider
<b>Eye Exam</b>	Over age 18	Included
	Age 18 and under	Every 24 months
<b>Frames</b>		Every 12 months
		Included (see cost below)
<b>Lenses &amp; Contact Lens</b>		Every 24 months
	Over age 18	Included
	Age 18 and under	Every 24 months
		Every 12 months
<b>Eyeglass Frames</b>		
Davis Vision Exclusive Fashion Level		Included
Davis Vision Exclusive Designer Level		Included
Davis Vision Exclusive Premier Level		\$25
Other Frames within the network provider's office		\$100 credit plus a 20% discount
Visionworks		\$150 credit plus a 20% discount
<b>Eyeglass Lenses</b>		
Clear plastic single-vision, lined bifocal, trifocal or lenticular (Any RX)		Included
Oversize Lenses		Included
Post-Cataract Lenses		Included
Polycarbonate Lenses (dependent children)*		Included
Scratch-Resistant Coating		Included
<b>Eyeglass Lenses Options</b>		
Tinting of Plastic Lenses		Included
Glass Grey #3 Prescription Lenses		Included
Scratch Protection Plan Single Vision		\$20
Scratch Protection Plan Multifocal		\$40
Polycarbonate Lenses		\$30
Glass Photochromic Lenses		\$20
Blended Invisible Bifocals		\$20
Ultraviolet Coating		\$12
Standard Anti-Reflective (AR) Coating		\$35
Premium AR coating		\$48
Ultra AR Coating		\$60
Standard Progressive Lenses addition Multifocal Lenses		\$50
Premium Progressives (Varilux, etc.) addition Multifocal Lenses		\$90
Ultra Progressive lenses addition Multifocal Lenses		\$140
Intermediate-Vision Lenses		\$30
High-Index Lenses		\$55
Polarized Lenses		\$75
<b>Contact Lenses</b>		
Contact Lenses in lieu of eyeglasses		\$100 credit, plus 15% discount off any overage toward the provider's own supply of contact lenses, evaluation, fitting and follow-up care.

**Find a Davis Vision provider**  
[www.davisvision.com](http://www.davisvision.com)  
**800-223-4795**  
 Client Code 2518

### **Additional information on plan benefits:**

Davis Vision Collections are available at most participating independent provider offices. Collection is subject to change and includes select torics and multifocals.

Plan covers either glasses or contact lenses. 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. The Davis Vision collection is available at most participating independent provider locations.

\*Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.

Contact lenses considered "medically necessary" must have prior approval.

Discount does not apply at participating Walmart, Sam's Club or Costco locations.

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

Mail Order Contact Lenses: Replacement contacts (after initial benefit) through [www.DavisVisionContacts.com](http://www.DavisVisionContacts.com) mail-order service ensures easy, convenient, purchasing online and quick, direct shipping to your door. Log on to our member Website for details. 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.

### **When will I receive my eyewear?**

Generally, your eyewear will be delivered to your provider from the laboratory within five business days. More delivery time may be needed when out-of-stock frames, anti-reflective coating, specialized prescriptions or a participating provider's frame is selected.

### **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](http://www.davisvision.com) and utilize the "Find a Doctor" feature, or call **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 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**

Only one claim per service may be submitted for reimbursement each benefit cycle. To request claim forms, please visit the Davis Vision website at [www.davisvision.com](http://www.davisvision.com) or call **800-999-5431**.

### **Out-of-network benefits:**

Eyeglasses reimbursed up to \$24 for frames, up to \$24 for single vision lenses, up to \$36 for bifocals, up to \$46 for trifocals, up to \$72 for lenticular (post-cataract) lenses.

Contact lenses reimbursed up to \$20 for daily-wear evaluation/fitting, up to \$30 for extended wear evaluation/fitting, up to \$100 for elective contact lenses, or up to \$100 for visually required contact lenses with prior approval.

### **May I use the benefit at different times?**

You may "split" your benefits by receiving your eye examination and eyeglasses (or contact lenses) on different dates or through different provider locations, if desired. However, complete eyeglasses must be obtained at one time, from one provider. 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.

### **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 or to obtain a copy of Davis Vision's Privacy Practices Notice, please visit Davis Vision's website at: [www.davisvision.com](http://www.davisvision.com) or call **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.