

## Vision Care Plan Benefit Description

Sponsored by, and administered on behalf of the active members and dependents of:

# “OnPoint”

*Effective January 1, 2007*

Please call Davis Vision at **1-800-999-5431** with questions or visit our website: [www.davisvision.com](http://www.davisvision.com)

Davis Vision 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 an “OnPoint” member or dependent.
- Provide the office with the member’s ID number and the name and 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 exclusive 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.

### What are the plan benefits, frequencies and costs?

**EYE EXAMINATIONS** ..... Every 12 months,  
 including dilation as professionally indicated.  
**In-Network Copayment** ..... None  
**Out-of-Network** ..... See “What about out-of-network provider benefits?”.

**EYEGASSES** ..... Every 12 months  
**In-Network Copayment** ..... \$17.00  
 You may select a frame from the Fashion, Designer, or Premier Selection of frames from “The Collection” available in most network provider offices. A \$14.00 credit will be applied toward a network provider’s own frame.

**CONTACT LENSES** ..... Every 12 months  
**In-Network Copayment** ..... A \$17.00  
 copayment applies toward plan supplied standard, soft, daily-wear, disposable\* or planned replacement\* contact lenses in lieu of eyeglasses. A \$100.00 credit will be applied toward contact lenses from the network provider’s own supply (which may or may not apply toward fitting / follow-up care fees). Medically necessary contact lenses will be covered in full (prior approval is required).

*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.*

*\*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.*

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## 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.
- Blended invisible bifocals.

## Are there any optional lens types or coatings available?

Yes, you can pay the low, discounted fixed fees indicated (in addition to your basic copayment) and receive these exciting optional items:

- \$15.00 for Photogrey Extra® (photosensitive) glass lenses.‡
- \$15.00 for ultraviolet (UV) coating.‡
- \$33.00 for standard ARC (anti-reflective) coating.
- \$60.00 for polarized lenses.
- \$60.00 for single vision plastic photosensitive lenses. Multifocal plastic photosensitive lenses are \$70.00.
- \$55.00 for high-index (thinner and lighter) lenses.
- \$15.00 for standard or premium 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 will not be refunded.*

*‡ These options are available for a \$15.00 copayment for one or any at the same time.*

## 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?

Selecting an exclusive Davis Vision network provider guarantees you will receive the greatest value and maximize your benefit dollars. You may choose to receive an eye examination outside of the exclusive Davis Vision network only at an "OnPoint" preferred provider. A \$17.00 copayment is required toward your eye examination when obtained at an "OnPoint" location.

There is no reimbursement for eyewear not received at an exclusive Davis Vision network provider. If you require eyewear, you must bring your prescription to an exclusive Davis Vision network location to receive plan eyewear benefits.

## May I use the benefit at different times?

To maintain continuity of care, we recommend that all services be obtained at one time from an exclusive Davis Vision network provider. The receipt of your eye examination and materials may only be "split" by receiving your eye examination at an "OnPoint" location.

## 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](http://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:

- 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.
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**For more information, please visit Davis Vision's website at [www.davisvision.com](http://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.
- Print an enrollment confirmation from our website.
- 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](http://www.davisvision.com) or call 1-800-999-5431.

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