

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 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.
- A one year unconditional breakage warranty is provided for all eyeglasses completely supplied through the Davis Vision collection.

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 dress 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 1-800-999-5431 to:

- Learn about the Davis Vision company.
- Access the Interactive Voice Response Unit to find network providers nearest you.
- Verify eligibility for yourself or a family member, or print an Enrollment Confirmation from our website.
- Request an out-of-network provider reimbursement form.
- Understand emergency care.
- 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 1-800-999-5431.



Vision Care Plan Benefit Description

Sponsored by, and administered on behalf of the employees and dependents of



THE RESEARCH FOUNDATION
The State University of New York

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



Vision Care Plan Benefit Description

The Research Foundation of SUNY is very pleased to provide you 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 defined in your Research Foundation benefits handbook.

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 a Research Foundation of SUNY employee or covered dependent.
- Provide the office with the employee's 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 **1-800-999-5431** 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 and utilize our "Find a Doctor" feature.

What are the plan benefits, frequencies and costs?

EYE EXAMINATIONS Every 24 months, including dilation as professionally indicated.
In-Network Copayment None
Out-of-Network Reimbursed up to \$20.00

EYEGLASSES Every 24 months
In-Network Copayment: None.
You may choose from the Designer selection of frames from "The Collection" in most network provider offices. A \$14.00 credit will be applied toward a network provider's own frame.
Out-of-Network Reimbursed up to \$14.00 for frames, up to \$14.00 for single vision lenses, up to \$23.00 for bifocals, up to \$32.00 for trifocals.

CONTACT LENSES Every 24 months
In-Network Copayment \$25.00
Your provider will let you know what lens types are available and covered by the plan.
Lenses not in plan selection
If you choose lenses that are not in the plan selection, the plan allowance is \$45.00 and you will pay the balance.
Supplies and exams
The plan covers the initial supply of lenses only, which may or may not last for 24 months. If you require additional lenses, you will need to pay for them. Before you make a selection, talk with your provider about how often you will need supplies and exams, to make sure you understand the cost-sharing arrangements.
Out-of-Network Reimbursed up to \$28.00 for daily wear or disposable contact lenses; up to \$36.00 for lenticular (post-cataract) 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. Routine eye examinations may not include professional services for contact lens evaluations. Any applicable fees are the responsibility of the patient.

** New (to the provider, or first-time) contact lens wearers will receive an initial supply (two multi-packs) of lenses, along with all necessary visits for proper fitting and recommended follow-up care. Existing contact lens wearers will receive four multi-packs of lenses.*

OCCUPATIONAL EYE EXAMINATIONS AND EYEWEAR (EMPLOYEES ONLY) Every 24 months
In-Network Copayment None
Out-of-Network Not covered
Please note: Must be obtained at the same time as the routine eye exam and eyewear.

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 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 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 or Ultra ARC is \$60.00.
- \$75.00 for polarized lenses.‡
- \$20.00 for blended invisible bifocals.
- \$30.00 for intermediate vision lenses.
- \$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 addition multifocal lenses are \$90.00.*

‡ This option is not available for VDT eyewear.

* Progressive addition multifocals can be worn by most people. Conventional bifocals will be supplied for anyone who is unable to adapt to progressive addition lenses; however, the copayment will not be refunded.

When will I receive my eyewear?

Your eyewear will be sent 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

All services should be submitted at the same time, as only one claim for reimbursement may be submitted per benefit cycle. To request claim forms, please visit the Davis Vision website at www.davisvision.com or call 1-800-999-5431.

May I use the benefit at different times?

All available services must be obtained at one time from either a network or an out-of-network provider.

