

NORTHERN NEW ENGLAND BENEFIT TRUST

# DAVIS VISION PLAN



Please Note That These Benefits Are Provided By

**DAVIS VISION**

You Must Use A Davis Vision Provider

If you have any questions, please contact Davis Vision at 1-800-999-5431

## VISION BENEFIT – DAVIS VISION

Your benefit package with Northern New England Benefit Trust (NNEBT) includes a vision benefit that is administered by Davis Vision. **It is separate from the health coverage component of your plan.** The Davis Vision program has both in-network and out-of-network benefits.

There is no membership card to present to the Davis Vision Provider. Benefits are based on the NNEBT member’s name and appropriate identification.

### For In-Network Providers: No Claim Forms Required!

Contact Davis Vision toll-free at **1-800-999-5431** to find a participating provider in your area (Monday-Friday 8:00 AM to 8:00 PM and Saturdays 9:00 AM to 4:00 PM) or at [www.davisvision.com](http://www.davisvision.com). Davis Vision will supply you with a list of providers in your area. Once you have identified a participating provider, call the provider directly to make an appointment. Identify yourself as a member of Northern New England Benefit Trust and Davis Vision. The provider will contact Davis Vision to confirm your eligibility and receive an authorization number. During the appointment, request that the provider review the details of your benefits. **NOTE: Under either the in-network or out-of-network benefit, you must claim all parts of the benefit (exam, lenses and frames) at one time and through a single provider.**

### BENEFITS

<b>Member and Spouse</b>	One Free routine eye examination (including dilation as professionally indicated)	Once every 24 months
	One Free pair of glasses from the Davis Vision Tower	
	<i>Second pair of glasses available for \$25 co-pay + discounted rates for frame/lens optional items.</i>	
<b>Adult Dependents (age 19 through 26 if enrolled as an Adult Dependent)</b>	One Free routine eye examination (including dilation as professionally indicated)	Once every 24 months
	One Free pair of glasses from the Davis Vision Tower	
<b>Covered Dependent Children (through end of year age 19 is attained)</b>	One Free routine eye examination (including dilation as professionally indicated)	Once every 12 months
	One Free pair of glasses from the Davis Vision Tower	



*You may receive a reminder from your provider that you are due for an eye examination every twelve months. Please be advised that after age 19, Davis Vision only allows one free examination every 24 months. **Payment for any additional examinations is the responsibility of the member.***

## PLAN BENEFITS AND COSTS (IN-NETWORK PROVIDER):

1. Eye Examination at no charge.
2. The first pair of Dress Lenses and frames (if required) are covered at no cost to the member, if the member chooses from the Davis Vision Tower. Please review with your provider as to the basic frames, lenses/coatings included with the Davis Vision Tower.
3. If you use an in-network provider but choose a frame other than from the Davis Vision Tower, you will receive a \$25.00 allowance toward the purchase of the frame and you will be responsible for the balance of the cost of the frame.
4. A one-year unconditional breakage warranty is provided for all eyeglasses, obtained in-network and supplied by Davis Vision.
5. Member and spouse may choose a second pair of glasses, including frame from the Davis Vision Tower, for a co-payment of \$25.00 (*example: dress, safety, reading or prescription sunglasses*). Optional frames, lens types or coatings are available for low, discounted fixed fees. Please consult with your provider for options and fees.
6. **Adult Dependents (age 19-26):** After age 19 a covered dependent is eligible for one examination and one pair of glasses every 24 months. *If the benefits were used when the dependent was age 18 or during the calendar year in which they became 19, the dependent will not be eligible again for 24 months.*

### Fees for Optional Lens Items (SV = Single Vision; MF = Multifocal)

Optional Item	First Pair	Second Pair
<b>Blended Invisible Bifocal</b>	Included	Dress-Included Safety-\$20.00
<b>Progressive Addition Multifocal Lenses</b> ( <i>gradual increase of lens power from top to bottom</i> )	Included	\$80.00
<b>Polycarbonate Lenses:</b> thinner and lighter than regular plastic lenses; offer 100% UV protection and are impact-resistant	Included	\$30.00
<b>High Index Lenses:</b> thinner, lighter lenses to accommodate stronger prescriptions	Included	\$55.00
<b>Scratch Resistant Coating</b>	SV-Included MF-Included	SV-\$15.00 MF-\$25.00
<b>Ultraviolet (UV) Coating</b>	Included	\$10.00
<b>Anti-Reflective Coating</b>	Included	\$33.00
<b>Polarized Lenses:</b> reduce glare from reflective surfaces (i.e. water, metal, glass)	Included	Included
<b>Photogray Extra® Glass Lenses</b>	SV-Included MF-Included	SV-\$15.00 MF-\$25.00
<b>Plastic Photosensitive Lenses</b>	SV-Included MF-Included	SV-\$50.00 MF-\$60.00

## CONTACT LENSES

**“Plan” Contact Lenses:** “Plan” contact lenses may be received in lieu of one pair of glasses. (“Plan” contact lenses are manufactured by and/or distributed by Davis Vision.) Standard, soft, daily-wear, disposable or planned replacement contact lenses are available. Your provider will give you specific pricing information at the time of your visit. ***Fitting and follow-up will be included upon obtaining Plan contact lenses.***

**Non-“Plan” Contact Lenses:** A \$105 credit will be applied toward non-plan contact lenses from the provider’s own supply (*fitting and follow-up are not included*).

***Your contact lens prescription is legally valid for one year from the date of the examination. When additional examinations are required, the member is responsible for payment.***

### ***Lens 1-2-3***

Free membership in and access to Lens 1-2-3 (a mail order replacement contact lens service) is available to you, 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).

## OUT-OF-NETWORK PROVIDERS

You may receive services from an out-of-network provider; although you can 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.***

You will be reimbursed as follows:

- up to \$45.00 for the eye examination
- \$55.00 for eyeglasses or contacts

Claim forms are available at [www.davisvision.com](http://www.davisvision.com) or by calling Davis Vision at 1-800-999-5431. Claims may be mailed to:

**Vision Care Processing Unit  
P.O. Box 1525  
Latham, NY 12110.**