



UUP MEMBER SERVICES TRUST FUND: DAVIS VISION COVERAGE FOR UUP PART-TIMERS

Group Number: 0010120

The Davis Vision Care Plan offers coverage for UUP Part-Timers who are active employees of the Professional Services Negotiating Unit (PSNU) who are not eligible for enrollment in the New York State Health Insurance Program (NYSHIP).

Davis Vision is a unionized company; employees are represented by United Optical Workers, Local #408 IUE/CWA, AFL-CIO.

Davis Vision Providers: Eligible Part-Timer will receive the maximum benefit from the Vision Care Plan when utilizing an in-network provider. A list of in-network providers is available at www.davisvision.com or by calling Davis Vision Customer Service at **1- 877-923-2847**.

How to Use the Benefit: Visit the network provider of your choice, identify yourself as a UUP Part-Timers member or dependent, and provide the requested information. The provider's office will contact Davis Vision and verify eligibility for services. No claim forms or identification cards are required.

What the Plan Provides: Every 12 months (based on the last date of service), eligible UUP Part-Timer and dependents are entitled to a comprehensive eye examination that includes glaucoma testing and dilation when professionally indicated, and one pair of eyeglasses (prescription lenses and frames) *or* the benefit may be applied toward contact lenses.

Enrollment: To enroll, you must complete a Davis Vision enrollment form. Enrollment forms can be located at www.uupinfo.org or by contacting the UUP Member Services Trust Fund office at 800-342-4206. Send completed enrollment forms to:

**UUP Member Services Trust Fund
P.O. BOX 15143
Albany, New York 12212-5143**

Premiums: Premiums may be paid on a quarterly or annual basis. Please make checks payable to **UUP Member Services Trust Fund**.

Lenses and Frames: For Vision Care Plan prescription lenses and frames there are no co-payments or deductibles. You may select enhancements for nominal co-pay.

Contact Lenses: Standard, soft, daily-wear, disposable or planned replacement lenses may be selected from an in-network provider in lieu of prescription lenses and frames. The Vision Care Plan mandates specific requirements regarding contact lenses including complete patient training in insertion, removal, care and wearing time of contact lenses by the doctor or professional staff.



Once the contact lens option is selected and the lenses are fitted, the contacts may not be exchanged for eyeglasses.

Disposable contact lenses. 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 follow-up care. Existing contact lens wearers will receive four multi-packs of lenses.

Splitting the Vision Benefit: Eligible Part-Timers may split the benefit so that the exam is provided at a different time from the materials. The next eligibility date for each segment of the benefit will be determined separately based on the date of service for that particular segment.

DAVIS VISION CARE PLAN SUMMARY OF BENEFITS

Summary	Cost to member
Eye examination	None
Choice of glass or plastic lenses	None
All ranges of prescriptions (includes single vision, bifocal, trifocal, lenticular or cataract lenses)	None
Extensive Davis Vision frame collection	None
Standard progressive addition lenses	None
Premium progressive addition lenses (includes Varilux, Kodak, Seiko and Rodenstock)	None
Scratch resistance	None
Anti-reflective coating	None
Polycarbonate lenses (for dependent children, monocular patients and patients with prescriptions +/- 6.00)	None
Blended segment lenses	None
Ultraviolet coating	None
Corning photochromic lenses – single vision	\$13
Corning photochromic lenses – multi-focal	\$22
Hi-index lenses	\$55
Polarized lenses	\$60
Plastic photosensitive lenses (transition)	\$70
Regular contact lenses – Formulary A (based on the brand of contacts selected)	\$25
Regular contact lenses – Formulary B (based on the brand of contacts selected)	\$45
Toric contact lenses (covered up to \$150)	Amount over \$150
Medically necessary exam (with prior approval)	None

Davis Vision Care Plan Exclusions: Davis Vision coverage is typically limited to routine eye examinations and eyewear and there are no applicable pre-existing condition



exclusions. Covered expenses will not include, and no payment will be made for, expenses incurred for:

- Medical treatment of eye disease or injury
- Visual therapy
- Special lenses or coatings other than those described in this summary (e.g., pinnacle lenses)
- Replacement of lost/stolen eyewear
- Non-prescription (Plano) lenses
- Two pairs of eyeglasses in lieu of bifocals
- Services not performed by licensed personnel
- Prosthetic devices and services
- Materials and services not specified
- Insurance of contact lenses

Warranty: Davis Vision provides a one year unconditional breakage warranty to repair or replace plan frames or lenses for a period of one year from the date of delivery. This warranty applies to any pair of eyeglasses completely supplied by Davis Vision.

Out-of-Network Providers: If an out-of-network provider is selected, the member must pay the provider directly for all charges and submit a claim within 180 days of the date of service to Vision Care Processing Unit, PO Box 1525, Latham, NY 12110. Davis Vision will send the reimbursement directly to the member. Claim forms are available at www.davisvision.com or by calling Davis Vision Customer Service at 1-877-923-2847.

The out-of-network reimbursement is listed below:

Examination	up to \$10.00
Materials (frames and lenses) or contacts	up to \$35.00

Davis Vision Website: The Davis Vision website allows access to a wide scope of member services. Go to www.davisvision.com and enter the appropriate identifying information.

Appeals: any appeals should be filed through Davis Vision.

Laser Vision Program: Davis Vision offers eligible Part-Timers and dependents the opportunity to receive Laser Vision Correction Services at significant discounts through a network of credentialed surgeons. By using the laser vision program in-network providers, members will save up to 25% on the provider’s regular rate or 5% off any advertised rate. For more information, go to www.davisvision.com or call 1-800-584-2866 and enter client code 7512.

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IMPORTANT: UUP has negotiated a \$200 per eye reimbursement for eligible UUP Part-Timers and dependents whether a participating or a non-participating provider is utilized. The member must pay the provider directly for all charges and submit a claim within 180 days of the date of service to Davis Vision, Laser Correction Claims Processing, PO Box 1620, Latham, NY 12110. Claim forms can be accessed at www.davisvision.com or by calling Davis Vision Customer Service at 1-877-923-2847.



LENS123: UUP Part-Timers are eligible for free membership and access to *LENS123*, a mail-order replacement contact lens service. *LENS123* provides a fast and convenient way to purchase replacement contact lenses at significant savings. For more information call 1-800-*LENS123* (1-800-536-7123) or visit the *LENS123* website at www.lens123.com.

Part-Timers Vision Plan DAVIS	Quarterly Premium	Annual Premium
Member Only	\$37.41	\$149.64
Member + 1 or More Dependents	\$67.35	\$269.40

Please send Enrollment Forms and Premium Payments to:

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Albany, New York 12212-5143**

Make checks payable to: UUP Member Services Trust Fund