



## UUP Member Services Trust Fund Voluntary Vision Coverage\*

Group Number 001O120

The UUP Member Services Trust (MST) – through Davis Vision - offers vision coverage for active employees of the Professional Services Negotiating Unit (PSNU) who are not eligible for enrollment in the New York State Health Insurance Program (NYSHIP).

The MST Voluntary Vision Program includes coverage for all of the categories listed below:

- UUP Retirees
- Part time UUP Members
- Surviving Spouse/Domestic Partner of UUP Members
- Aged-out Dependent up to the age of 29

*\*You must be a UUP Member or be directly related to a UUP Member to purchase these programs.*

**Davis Vision Providers:** You will receive the maximum benefit from the Vision Care Plan when utilizing an in-network provider. A list of in-network providers is available by calling Davis Vision Customer Service at 800-999-5431 or at [www.davisvision.com](http://www.davisvision.com).

**How to Use the Benefit:** Visit the network provider of your choice, identify yourself as a UUP program participant 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), you 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.

**Premiums:** Premiums may be paid on a quarterly or annual basis.

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

the following: 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; and 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.

<b>Davis Vision Summary of Benefits</b>	<b>Cost</b>
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

**Out-of-Network Providers:** If an out-of-network provider is selected, you must pay the provider and submit a claim within 180 days of the date of service to Vision Care Processing Unit, PO Box 1525, Latham, NY 12110. The reimbursement will be sent directly to you. Claim forms are available at [www.davisvision.com](http://www.davisvision.com). The out-of-network reimbursement is up to \$10 for an exam and up to \$35 for materials (frames and lenses) or contacts.

**Laser Vision Program:** Davis Vision offers Laser Vision Correction Services at significant discounts through a network of credentialed surgeons. By using 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](http://www.davisvision.com) and enter client code 7512. Additionally, UUP has negotiated a \$200 per eye reimbursement whether a participating or a non-participating provider is utilized. You must pay the provider 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 are available at [www.davisvision.com](http://www.davisvision.com).

**LENS123:** You are eligible for free membership and access to *LENS123*, a mail-order replacement contact lens service. For more information call 800-*LENS123* or visit [www.lens123.com](http://www.lens123.com).