



*Annual Services  
(from last date of service)  
Designer Gold Plan*

## Vision Care Plan Benefit Description

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

The New York State United Teachers Member Benefits Plan is pleased to present quality Vision Care Plan benefits for you and your family. To assure you the best possible use of your benefit, please take a few minutes to review the information in this booklet.

### 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 NYSUT member or covered dependent\*.
- Provide the office with the member's ID 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!

\* Dependent coverage is available if family coverage was purchased. Dependents are your spouse and dependent children, who include: Natural and legally adopted children, and any other children who permanently reside in your household. Coverage is available until age 19. Coverage will continue until age 25 with appropriate full-time student identification.

### 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](http://www.davisvision.com) and utilize our "Find a Nearby Doctor" feature.

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

**EYE EXAMINATIONS** ..... Every 12 months, including dilation if professionally indicated.  
**In-Network Copayment** ..... None  
**Out-of-Network** ..... Reimbursed up to \$10.00

**SPECTACLE LENSES** ..... Every 12 months  
**In-Network Copayment** ..... None  
**Out-of-Network** ..... See \*\* Below

**FRAMES** ..... Every 12 months  
**In-Network Copayment** ..... None.  
 You may choose a frame from "The Collection" (Designer selection) available in most network provider offices. A \$50.00 credit will be applied toward a network provider's own frame.  
**Out-of-Network** ..... See \*\* Below

**CONTACT LENSES** ..... Every 12 months  
**In-Network Copayment** ..... None.  
 Standard, soft, daily-wear, disposable or planned replacement contact lenses may be selected in lieu of eyeglasses. A \$100.00 credit will be applied toward contact lenses from the provider's own supply (which may or may not apply toward fitting/follow-up care fees). Prior approval is required for medically necessary contacts.  
**Out-of-Network** ..... See \*\* Below

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.

\*\* All non-medically necessary materials (frame and/or spectacle / contact lenses) will be reimbursed up to \$35.00. Medically necessary contact lenses will be reimbursed up to \$350.00.

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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 lenses.
- Polycarbonate lenses.
- Scratch-protective coating.
- Photogrey Extra® (photosensitive) glass lenses.
- Ultraviolet (UV) coating.
- Blended invisible bifocals.
- Intermediate vision lenses.
- Standard progressive addition multifocal lenses.\*

## Are there any optional items available?

Yes, you can pay the low, discounted fixed fees indicated and receive these exciting optional items:

- \$20.00 for a premier frame.
- \$35.00 for standard ARC (anti-reflective coating). Premium ARC is \$48.00.
- \$75.00 for polarized lenses.
- \$65.00 for plastic photosensitive lenses.
- \$55.00 for high-index (thinner and lighter) lenses.
- \$40.00 for premium progressive addition multifocal 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, (if any) will not be refunded.*

## May I use the benefit at different times?

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

## 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 non "Tower Collection" frames are 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

To request claim forms, please visit the Davis Vision website at [www.davisvision.com](http://www.davisvision.com) or call 1-800-999-5431.

## 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](http://www.davisvision.com) or call **1-800-584-2866**, and enter client code 7077.

## 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.

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## Continuation of coverage through COBRA (Self-Pay):

In accordance with the provisions of the Consolidated Omnibus Budget Reconciliation Act (COBRA), should your coverage for vision care benefits stop, you and your eligible dependents may be able to continue your vision care benefits pursuant to COBRA.

If your vision care benefits coverage terminates, you must inform immediately the provider of your vision care benefits (your employer, your local union, or your local union's welfare benefit fund) of your desire to continue your vision care coverage pursuant to COBRA.

## 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.

## 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:

- Locate a network provider in your area.
- Verify eligibility for yourself or your dependents.
- Request an out-of-network claim form.
- 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 8:00 PM, Eastern Time, and;
- Saturday, 9:00 AM 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**.

For general information about your Vision Care benefits and/or COBRA please call or write:

NYSUT Member Benefits Plan  
800 Troy-Schenectady Road  
Latham, NY 12110-2455  
Telephone (800) 626-8101



## 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.