

Vision Care Plan Benefit Description

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



IBT Local 145 Health Services & Insurance Fund Plan D

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

IBT Local 145 Health Services & Insurance Fund is pleased to provide this information about your vision care plan administered by Davis Vision, Inc., a leading national administrator of vision care programs. Eligibility for vision care benefits is determined by the same rules that apply to your health care benefits.

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 member and IBT Local 145 Health Services & Insurance Fund member or dependent.
- Provide the office with the member ID number and the name and date of birth of any covered dependent needing services.

It's that easy! The provider's office will verify your eligibility for services, and claim forms and ID cards are not required!

Who are the network providers?

They are licensed providers in both private practice and retail locations who are extensively reviewed and credentialed to ensure that stringent standards for quality service are maintained. Please access Davis Vision's website at www.davisvision.com and utilize the "Find a Doctor" feature, or 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.

What are the plan benefits, frequencies and costs?

PLAN BENEFITS ARE AS FOLLOWS:

Every 24 months active members are entitled to an eye examination, including dilation and two pairs of eyeglasses. Three pairs may be selected if two are in lieu of bifocals (one pair must be near prescription and the other distance), or one contact lens benefit.

Every 24 months spouses are entitled to an eye examination, including dilation and one pair of eyeglasses or two pair if they are in lieu of bifocals (one pair must be near prescription and the other distance), or one contact lens benefit.

Every 6 months dependent children up to age 12 are entitled to an eye examination, including dilation. New lenses may be provided if a change in prescription is determined by the examination otherwise, every 12 months one complete pair of eyeglasses, or one contact lens benefit is available.

Every 12 months dependent children ages 12 through 18 are entitled to an eye examination, including dilation, one complete pair of eyeglasses, or one contact lens benefit.

Every 24 months dependent children above ages 19 through 25 are entitled to an eye examination, including dilation and one complete pair of eyeglasses, or one contact lens benefit.

EYE EXAMINATIONS

In-Network Copayment

Member.....	\$0
Dependents.....	\$10

EYEGASSES

In-Network Copayment

Frames

Member.....	\$0
Dependents.....	\$15

Spectacle Lenses

Member.....	\$0
Dependents.....	\$10

You may choose any Fashion, Designer or Premier level frame from Davis Vision's Frame Collection, covered in full. Or, if you select another frame in the network provider's office, a \$100 credit will be applied. This credit would also apply at retail locations that do not carry the Frame Collection. Members are responsible for the amount over \$100. For more information on lenses, please see "What lenses/coatings are included?"

CONTACT LENSES

In-Network Copayment.....	\$25
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In lieu of eyeglasses, you may select contact lenses. Any contact lenses from Davis Vision's Contact Lens Collection will be covered in full per the number indicated below, and your evaluation, fitting and follow up care will also be covered.

Davis Vision Premium Contact Lens Collection (includes evaluation, fitting, follow-up):

DisposableFour boxes/multi-packs^{1/}

Planned ReplacementTwo boxes/multi-packs^{1/}

In lieu of the Davis Vision contact lenses, members may use their \$130 credit to go towards the provider's own supply of contact lenses, evaluation, fitting and follow-up care. This credit would also apply towards all contact lenses received at participating retail locations.

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. The Davis Vision collection is available at most participating independent provider locations.

^{1/} Number of contact lens boxes may vary based on manufacturer's packaging.

What lenses/coatings are included?^{2/}

- Plastic or glass single vision, bifocal or trifocal lenses, in any prescription range.
- Glass grey #3 prescription lenses.
- Oversize lenses.
- Post-cataract lenses.
- Tinting of plastic lenses.
- Polycarbonate lenses.
- Scratch-resistant coating.
- Glass photochromic lenses.+
- Blended invisible bifocals.+
- Plano (non-prescription) lenses (for members only).+
- Standard progressive addition multifocal lenses.+^{3/}
- Premier Frame.+
- Polarized lenses.
- Plastic photosensitive lenses.

Are there any optional frames, lens types or coatings available?^{2/}

Yes, you can pay the low, discounted fixed fees indicated (in addition to your basic copayment) and receive these exciting optional items:

- \$20 for single vision scratch protection plan.
Multifocal scratch protection plan is \$40.
- \$12 for ultraviolet (UV) coating.
- \$30 for intermediate-vision lenses.
- \$35 for standard ARC (anti-reflective coating). Premium ARC is \$48. Ultra ARC is \$60.
- \$55 for high-index (thinner and lighter) lenses.
- \$55 for premium progressive addition multifocal lenses, \$105 for ultra progressive addition multifocal lenses.+^{3/}

+ This option may only be selected for one pair of eyeglasses.

^{2/} These lens options and copays apply to in-network benefits only.

^{3/} 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 will not be refunded.

When will I receive my eyewear?

Generally, your eyewear will be delivered to your provider from the laboratory within five business days. More delivery time may be needed when out-of-stock frames, anti-reflective coating, specialized prescriptions or a participating provider's frame is selected.

What about out-of-network provider benefits?

All services must be obtained from a network provider. No reimbursement is available for services rendered at an out-of-network location.

May I use the benefit at different times?

Continuity of care will best be maintained when all available services are obtained at one time from a network provider. To maximize your benefit value we recommend that all services be obtained from a network provider.

Information about Laser Vision Correction Services:

Davis Vision provides you and your eligible dependents with the opportunity to receive Laser Vision Correction Services at discounts of up to 25% off a participating provider's normal charges, or 5% off any advertised special (please note that some providers have flat fees equivalent to these discounts). Please check the discount available to you with the participating provider. For more information, please visit us at www.davisvision.com or call 1.800.999.5431.

Mail Order Contact Lenses:

Replacement contacts (after initial benefit) through www.DavisVisionContacts.com mail-order service ensures easy, convenient, purchasing online and quick, direct shipping to your door. Log on to our member Website for details.

Warranty Information:

Two-year eyeglass breakage warranty included at no additional cost. All plan eyeglasses come with a breakage warranty for repair or replacement of the frame and/or lenses for a period of one year from the date of delivery. The warranty applies to all plan covered eyeglasses, i.e. spectacle lenses, Davis Vision Collection frames and national retailer frames (where our Exclusive Collection is not displayed).

Are there any exclusions?

The following items are not covered by this vision program:

- Medical treatment of eye disease or injury.
- Services rendered at an out-of-network location.
- Vision therapy.
- Special lens designs or coatings, other than those previously described.
- Replacement of lost eyewear.
- Contact lenses and eyeglasses in the same benefit cycle.
- Services not performed by licensed personnel.

For more information, please visit Davis Vision's website at www.davisvision.com or call Davis Vision at 1.800.999.5431 to:

- Learn more about your benefits
- Locate a Davis Vision provider
- Verify eligibility
- Print an enrollment confirmation
- Contact a Member Service Representative

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
- 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 Davis Vision's website at: www.davisvision.com or call 1.800.999.5431.

“All insured products are underwritten by either HM Life Insurance Company or HM Life Insurance Company of New York.”

Davis Vision may operate as Davis Vision Insurance Administrators in California
