

# DAVIS VISION

EYECARE REFRAMED<sup>SM</sup>

## Vision Plan Description

For information prior to enrolling visit Davis Vision's Website at: [www.davisvision.com](http://www.davisvision.com), or call 1-877-923-2847 (toll free) and enter client control code 4626.

Once enrolled, please visit Davis Vision's website: [www.davisvision.com](http://www.davisvision.com), or call 1-800-999-5431 with questions.

# Brownsville Area School District

Davis Vision is pleased to provide this information about your vision care plan. The plan will pay your vision care provider the amounts listed in the table below.

Available Vision Services	In-Network Allowance	Out-of Network Reimbursement
<b>Routine Eye Exam</b> Once every 24 months, every 12 months for dependents up to age 19.	Covered in Full	up to \$45.00
<b>Prescription lenses</b> One pair of lenses for frames up to the Plan maximum once every 24 months, every 12 months for dependents up to age 19.		
· Single Vision Lenses	up to \$12.00 per pair	up to \$12.00 per pair
· Bifocal Lenses	up to \$18.00 per pair	up to \$18.00 per pair
· Trifocal Lenses	up to \$23.00 per pair	up to \$23.00 per pair
· Lenticular Lenses	up to \$55.00 per pair	up to \$55.00 per pair
<b>Contact lenses (in lieu of spectacle lenses)**</b> One dispense up to the Plan maximum once every 24 months, every 12 months for dependents up to age 19.  Medically necessary contact lenses (prior approval required)	\$24.00 calendar year maximum* \$150.00 calendar year maximum*	\$24.00 calendar year maximum* \$150.00 calendar year maximum*
<b>Frames</b> Once every 24 months.	up to \$12.00	up to \$12.00

\* Your routine eye exam fee is separate and not included with your contact lens fee.

\*\* Contact lenses and frames may be received separately within the same benefit period.

### How do I submit for reimbursement:

Have the provider of your choice fill out a claim form and submit it to:

**Vision Care Processing Unit**

**P.O. Box 1525**

**Latham, NY 12110**

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

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. 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; and 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.

### Information about the Laser Vision Correction Discount Program:

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](http://www.davisvision.com) or call 1-800-999-5431.

### Information About Mail Order Contact Lenses:

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