Vision Care Plan Benefit Description

Information about Low Vision Services:

You and your covered dependents are entitled to a comprehensive low vision evaluation once every five years and low vision aids up to the plan maximum. Up to four follow-up care visits will be covered during the five year period.

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:

One-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.
- Vision therapy.
- Special lens designs or coatings, other than those previously described.
- Replacement of lost eyewear.
- Non-prescription (plano) lenses.
- Contact lenses and eyeglasses in the same benefit cycle.
- Services not performed by licensed personnel.
- Two pairs of eyeglasses in lieu of a bifocal.

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
- Request an out-of-network provider reimbursement form
- 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 or to obtain a copy of Davis Vision's Privacy Practices Notice, 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

DAVIS VISION EYECARE REFRAMED℠

Jefferson-Morgan School District 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 Jefferson-Morgan School District member or dependent.
- Provide the office with the member ID number located on your Davis Vision ID card 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 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?

EYE EXAMINATIONS . . . . . Every 24 months, every 12 months for dependents up to age 19, including dilation as professionally indicated.

In-Network Copayment. $0
Out-of-Network . . . . Reimbursed up to $32

EYEGLASSES

Frame . . . . .Every 24 months

Spectacle Lenses . . . . .Every 24 months, every 12 months for dependents up to age 19.

In-Network Copayment. $0

You may choose any Fashion level frame from Davis Vision's Frame Collection, covered in full. Or, if you select another frame in the network provider's office, a $60 credit to go toward any overage 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 $60. For more information on lenses, please see "What lenses/coatings are included?".

Out-of-Network . . . . Reimbursed up to $30 for frames, up to $25 for single vision lenses, up to $36 for bifocals, up to $46 for trifocals, up to $72 for lenticular (post-cataract) lenses.

CONTACT LENSES . . . . .Every 24 months, every 12 months for dependents up to age 19.

In-Network Copayment $0

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

Standard, hard, daily wear . . . . One pair of lenses.

In lieu of the Davis Vision contact lenses, members may use their $75 credit to go toward 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.

Visually required contact lenses will be covered in full with prior approval.

(CONTACT LENSES continued)
Out-of-Network . . . . .Reimbursed up to $20 for daily-wear fitting and evaluation, up to $30 for extended wear fitting and evaluation, up to $48 for non-disposable contact lenses, up to $75 for disposable contact lenses or up to $225 for visually required contact lenses with prior approval.

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.

What lenses/coatings are included?[1]

- Plastic or glass single vision, bifocal or trifocal lenses, in any prescription range.
- Oversize lenses.
- Post-cataract lenses.
- Polycarbonate lenses for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.

Are there any optional frames, lens types or coatings available?[1]

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

- $20 for a Designer frame from the "Collection".
- $40 for a Premier frame from the "Collection".
- $15 for glass grey #3 prescription lenses.
- $15 for tinting of plastic lenses.
- $35 for polycarbonate lenses.
- $20 for scratch-resistant coating.
- $15 for ultraviolet (UV) coating.
- $20 for blended invisible bifocals.
- $20 for glass photochromic lenses.
- $30 for intermediate-vision lenses.
- $40 for standard ARC (anti-reflective coating). Premium ARC is $55. Ultra ARC is $69.
- $75 for polarized lenses.
- $70 for plastic photosensitive lenses.
- $60 for high-index (thinner and lighter) lenses.
- $65 for standard progressive addition multifocal lenses, $105 for premium progressive addition multifocal lenses, $140 for ultra progressive addition multifocal lenses.[2]

[1] *These lens options and copays apply to in-network benefits only.*

[2] *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?

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**

Only one claim per service may be submitted for reimbursement each benefit cycle. To request claim forms, please visit the Davis Vision website at **www.davisvision.com** or call **1.800.999.5431.**

May I use the benefit at different times?

You may "split" your benefits by receiving your eye examination and eyeglasses (or contact lenses) on different dates or through different provider locations, if desired. However, complete eyeglasses must be obtained at one time, from one provider. Continuity of care will best be maintained when all available services are obtained at one time from either a network or an out-of-network provider. To maximize your benefit value we recommend that all services be obtained from a network provider.