

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**

You will be reimbursed for the cost of an eye examination, one pair of eyeglasses or an initial supply of contact lenses up to a maximum of \$95.00.

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?

To maintain continuity of care, we recommend that all services be obtained at one time from either a network provider or an out-of-network provider. When visiting a network provider, you may "split" your benefits by receiving your eye examination and materials at different times within the same calendar year. You may not "split" your services when visiting an out-of-network provider.

Are there any plan exclusions?

The following items are not covered:

- Medical treatment of eye disease or injury; vision therapy.
- Contact lenses and eyeglasses in the same calendar year.
- Special lens designs or coatings, other than those previously described.
- Replacement of lost eyewear.
- Plano (non-prescription) lenses.
- 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 about the Davis Vision company.
- Access the Interactive Voice Response Unit which will provide network providers nearest you.
- Verify eligibility for yourself or your dependents or print an Enrollment Confirmation from our website.
- Request an out-of-network provider reimbursement form.
- Understand emergency care.
- 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**.

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 or call 1-800-999-5431.

Vision Care Plan Benefit Description

Sponsored by, and administered on behalf of
the members and dependents of:

**Connecticut Carpenters
Health Fund**



Please call Davis Vision at
1-800-999-5431

with questions or visit our website:

www.davisvision.com

DAVIS VISION™
THE EYECARE ADVANTAGE
www.davisvision.com

Vision Care Plan Benefit Description

Connecticut Carpenters is very pleased to provide this information about your vision care plan administered by Davis Vision, Inc., a leading national administrator of routine vision care programs. Eligibility for vision care benefits is determined by the same rules that apply to your other health care benefits.

How do I use the Plan?

- Call the network provider of your choice and schedule an appointment.
- Identify yourself as a Davis Vision plan participant and a Connecticut Carpenters member or covered dependent.
- Provide the office with the member's Identification number and the name and 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!

Who are the network providers?

They are licensed providers who are extensively reviewed and credentialed to ensure that Davis Vision's 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 access Davis Vision's website at www.davisvision.com and utilize the "Find a Doctor" feature.

What are the plan benefits, frequencies and costs?

EYE EXAMINATIONS Every January 1. including dilation, as professionally indicated
In-Network Copayment \$25.00
Out-of-Network Reimbursement . . .See section entitled "What about out of-network provider benefits?"

EYEGLASSES Every January 1.
In-Network Copayment None
 You may choose a frame from the Designer selection available on the exclusive "Tower Collection" in most network provider offices. A \$14.00 allowance will be applied toward single vision lenses, \$23.00 towards bifocals, \$32.00 towards trifocals, and \$14.00 towards a frame.
Out-of-Network Reimbursement . .See section entitled "What about out-of-network provider benefits?"

SAFETY EYEGLASSES (MEMBERS ONLY) . . .Every January 1 in lieu of dress eyewear.
In-Network Copayment None
 You may choose from the Premier selection of safety eyewear available in most participating provider offices.

CONTACT LENSESEvery January 1.
In-Network Copayment A \$50.00 or \$70.00 copayment applies toward standard, soft, daily-wear, and disposable/planned replacement* contact lenses in lieu of eyeglasses. A \$45.00 allowance will apply toward contact lenses from the network provider's own supply (which may or may not apply toward fitting/follow-up care fees). Your provider will give you specific copayment information for the type of lenses you require.
Out-of-Network ReimbursementSee section entitled "What about out-of-network provider benefits?"

* An initial supply (two multipacks) of disposable/planned replacement contact lenses will be dispensed, in lieu of eyeglasses.

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.

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.
- Polycarbonate lenses for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.
- Fashion, sun or gradient tinted plastic lenses.
- Blended invisible bifocals.
- Photogrey Extra® (photosensitive) glass lenses.

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

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

- \$25.00 for a Premier frame from the "Tower Collection."
- \$10.00 for ultraviolet (UV) protective coating.
- \$15.00 for single vision scratch-resistant lens coating. Multifocal scratch-resistant lens coating is \$25.00.
- \$30.00 for polycarbonate lenses.
- \$33.00 for standard ARC (anti-reflective coating).
- \$55.00 for high-index (thinner and lighter) lenses.
- \$60.00 for polarized lenses.
- \$70.00 for plastic photosensitive lenses.
- \$85.00 for progressive addition multifocals. **

**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.

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.

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.
- A one year unconditional breakage warranty is provided for all eyeglasses completely supplied by Davis Vision.

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 or call **1-800-999-5431**.