

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



## Vision Care Plan Benefit Description

*For information prior to enrolling, call 1-877-923-2847 (toll free) or visit Davis Vision's Website at:*

**[www.davisvision.com](http://www.davisvision.com) and enter client control code 2605.**

*Once enrolled, please call Davis Vision at 1-800-999-5431*

*with questions or visit Davis Vision's website: **[www.davisvision.com](http://www.davisvision.com)***

Fairfield University is 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 receive services from a provider in the network?

- Call the network provider of your choice and schedule an appointment.
- Identify yourself as a Fairfield University employee or covered dependent.
- Provide the office with the employee's ID number located on your Davis Vision ID card 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 claim forms are not required!

### 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 Doctor" feature.

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

**EYE EXAMINATION** ..... Every 12 months, including dilation as professionally indicated.  
**In-Network Copayment** ..... \$10.00  
**Out-of-Network** ..... Reimbursed up to \$48.00

**EYEGASSES** ..... Every 24 months  
**In-Network Copayment**  
**Spectacle Lenses** ..... \$25.00  
**Frame** ..... None  
 You may choose from the Premier Selection of frames from "The Collection" in most network provider offices. A \$120.00 retail credit plus a 20% discount on any overage will be applied toward a network provider's own frame.  
**Out-of-Network** ..... Reimbursed up to \$52.00 for a frame, up to \$32.00 for single vision lenses, up to \$47.00 for bifocal lenses, up to \$66.00 for trifocal lenses, up to \$88.00 for lenticular (post-cataract) lenses.

**CONTACT LENSES** ..... Every 24 months  
**In-Network Copayment** ..... A \$25.00 copayment applies toward plan supplied standard, soft, daily-wear, disposable\*, or planned replacement\* contact lenses in lieu of eyeglasses. A \$150.00 credit plus a 15% discount on any overage will be applied toward contact lenses from the network provider's own supply (which may or may not apply toward fitting/follow-up care fees). Medically necessary contact lenses will be covered in full with prior approval.  
**Out-of-Network** ..... Reimbursed up to \$84.00 for elective contact lenses; up to \$225.00 for medically necessary contact lenses.

*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.*

*\* Disposable contact lens wearers will receive four multi-packs of lenses. Planned replacement contact lens wearers will receive two multi-packs of lenses.*

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

## Are there any optional lens types or coatings available?

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

- \$30.00 for polycarbonate lenses.
- \$20.00 for scratch-resistant coating coating.
- \$30.00 for intermediate vision lenses.
- \$35.00 for standard ARC (anti-reflective coating). Premium ARC is \$48.00. Ultra ARC is \$60.00.
- \$75.00 for polarized lenses.
- \$65.00 for plastic photosensitive lenses.
- \$55.00 for high-index (thinner and lighter) lenses.
- \$50.00 for standard progressive addition multifocal lenses. Premium progressive addition multifocal lenses are \$90.00\*\*

*\*\*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?

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 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 can 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**.

## May I use the benefit at different times?

To maintain continuity of care, we recommend that all services be obtained at one time from a network provider. If desired, you may "split" your benefits by receiving them at different times or from different network provider locations.

## Medically Necessary Contact Lenses:

Medically necessary contact lenses may be prescribed for certain medical conditions. If you require medically necessary contact lenses and are prescribed materials from a provider who is not part of the Davis Vision network, you may be entitled to reimbursement. You will be responsible for paying the provider directly for all charges and submitting a claim form for reimbursement to:

**Specialty Billing  
Davis Vision  
159 Express Street  
Plainview, NY 11803**

You will be reimbursed up to \$225.00 for medically necessary contact lenses.

## What about additional eyewear purchases?

You may purchase additional eyewear at significant discounts through the Value Advantage Program, available only at Davis Vision participating network providers. The individual member pays for the Value Advantage benefits on an as-needed basis. Under the Value Advantage Program, when vision care services are desired, the member will simply call the Davis Vision Member Services Department and establish a vision care authorization using either their VISA or Mastercard. If you prefer to pay by check or money order, alternate arrangements can be made. For detailed instructions, access the Davis Vision Website at [www.davisvision.com](http://www.davisvision.com) utilizing the Fairfield University Client Control Code **2605**.

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## 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 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 **2605**.

## 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.

## 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.
- Services not performed by licensed personnel.
- Two pairs of eyeglasses in lieu of bifocals.
- Contact lenses and eyeglasses in the same benefit cycle.

## 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:

- 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.
- 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 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**.

## 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**.

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