



# Verizon Vision Care Plan for New York and New England Associates



Please call Davis Vision at **1.877.999.7006** with questions or visit our website: [www.davisvision.com](http://www.davisvision.com)

We are pleased to provide you with 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 a Verizon NYNE associate or dependent.
- Provide the office with the associate's 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 or 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](http://www.davisvision.com) and utilize the "Find a Doctor" feature, or call **1.877.999.7006** 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** Once every 12 months, including dilation as professionally indicated.

**In-Network Copayment**.....\$0  
**Out-of-Network**..... Reimbursed up to \$25

**EYEGASSES** ..... Once every 24 months

**In-Network Copayment**.....\$0

You may choose any Fashion or Designer 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, plus a 20% discount off 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 (less the applicable discount). For more information on lenses, please see "What lenses/coatings are included?"

**Out-of-Network**..... Reimbursed up to \$30

for frames, up to \$30 for single vision lenses, up to \$40 for bifocals, up to \$50 for trifocals, up to \$90 for lenticular (post-cataract) lenses.

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

**CONTACT LENSES** ..... Once every 24 months

In lieu of spectacle lenses, members may use their \$110 credit, plus a 15% discount off any overage 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.

**Out-of-Network**..... Reimbursed up to \$85  
for elective 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. Benefits are limited to either one pair of prescription contacts or supply of disposable contacts up to \$110 or one pair of prescription lenses with frames.*

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**VDT EYEGLASSES**

(EMPLOYEES ONLY) .....Once every 12 months

employees are eligible to receive VDT coverage and a complete pair of VDT eyewear (frame and lenses) with a qualifying prescription from a participating provider.

**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 \$11 credit will be applied. Members are responsible for the amount over \$11, or use your own frame.

**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 (lenticular) lenses.
- Tinting of plastic 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?\***

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

	<b>Dress</b>	<b>VDT</b>
• Designer Frame	<b>Included</b>	<b>\$15</b>
• Premier Frame	<b>\$25</b>	<b>N/A</b>
• Anti-reflective coating		
Standard	<b>\$35</b>	<b>\$35</b>
Premium	<b>\$48</b>	<b>N/A</b>
Ultra	<b>\$60</b>	<b>N/A</b>
• Plastic Photosensitive lenses	<b>\$65</b>	<b>N/A</b>
• High-Index lenses	<b>\$55</b>	<b>\$55</b>
• Scratch-Resistant coating	<b>\$20</b>	<b>\$20</b>
• Ultraviolet (UV) coating	<b>\$12</b>	<b>N/A</b>
• Intermediate-Vision lenses	<b>\$30</b>	<b>\$30</b>
• Polycarbonate lenses(adults)	<b>\$30</b>	<b>\$30</b>
• Polarized lenses	<b>\$75</b>	<b>N/A</b>
• Progressive addition multifocal lenses.**		
standard types	<b>\$50</b>	<b>\$50</b>
premium types	<b>\$90</b>	<b>\$90</b>
ultra types	<b>\$140</b>	<b>\$140</b>

\* These lens options and copays apply to in-network benefits only.

\*\* 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](http://www.davisvision.com) or call **1.877.999.7006**.

**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.

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**Information about Laser Vision Correction Services:**

Davis Vision provides you and your eligible dependents with the opportunity to receive discounted laser vision correction, often referred to as LASIK. For more information, visit [www.davisvision.com](http://www.davisvision.com).

**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 for details.

**Free Breakage Warranty:**

Your glasses are covered with our FREE one-year breakage warranty. Some limitations apply.

**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.
- VDT benefit not allowed out-of-network.

For more information, please visit Davis Vision's website at [www.davisvision.com](http://www.davisvision.com) or call Davis Vision at 1.877.999.7006 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, please visit Davis Vision's website at:  
**[www.davisvision.com](http://www.davisvision.com) or call 1.877.999.7006.**

“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

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