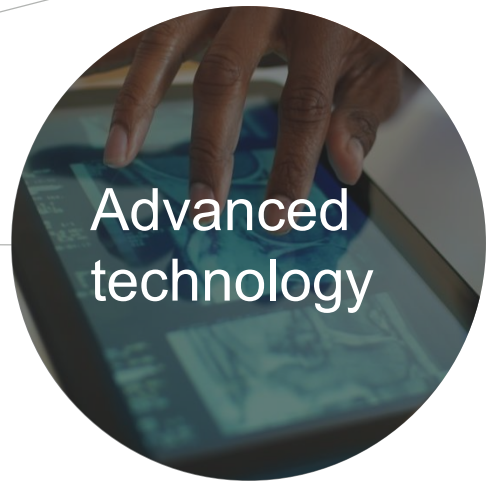
VersantHealth™

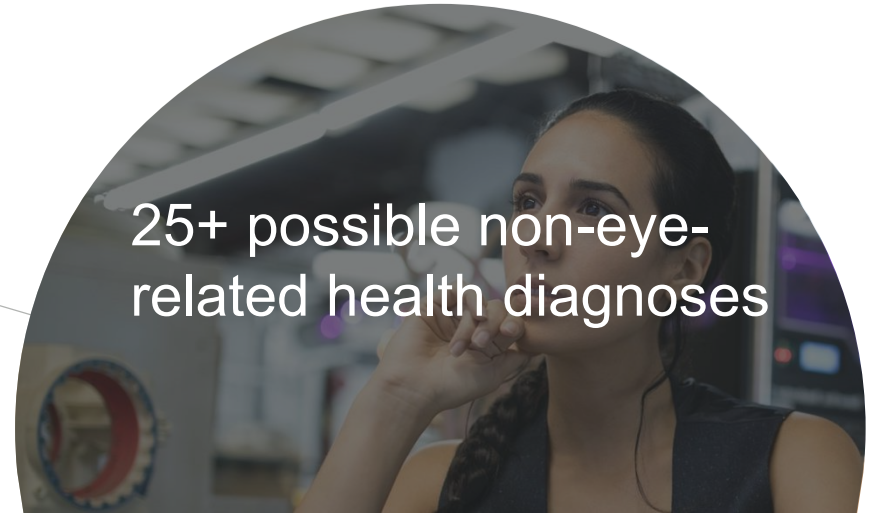
Contact Lens Benefit and Recruitment Training

Davis Vision Presentation | July 2018

Holistic
health
perspective



See vision care differently



Agenda

1. Service Record Form (SRF)
2. Davis Vision Benefit Designs
3. Reimbursements
4. Examples

Reviewing a Service Record Form

Service Record Form (SRF) identify member's benefit information such as plan level, covered items and copays.

SECTION II – COVERAGE SECTION

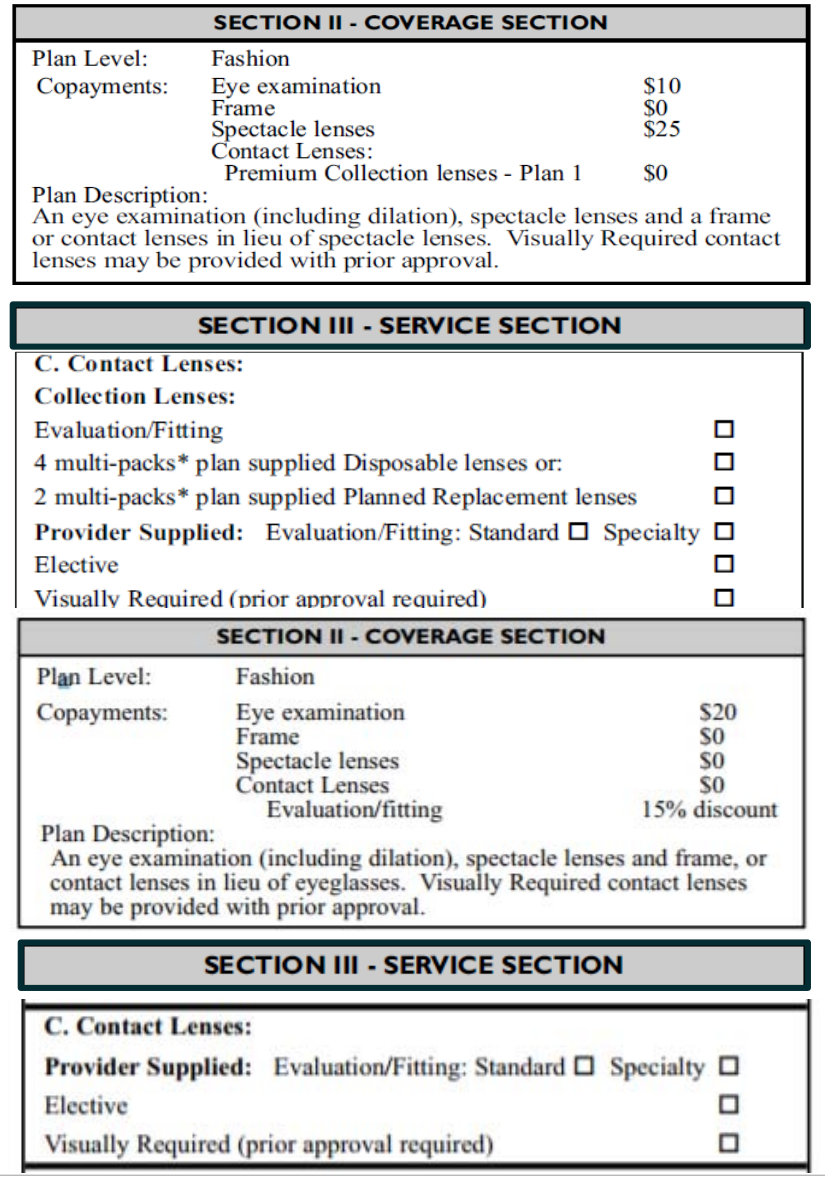
Use this section to identify any patient co-pays and coverage. Contact Lens Evaluation/ fitting information can be found under this section.

SECTION III – SERVICE SECTION

Use this section to identify contact lenses coverage
for Davis Vision supplied contact lenses via the formulary. If the benefit has Davis Vision supplied contact lenses covered, it will be stated as either Premium Collection Lenses, Standard Collection Lenses, or Collection Lenses and it will state the level of coverage (i.e. 4 multi-packs/ 2 multi-packs **plan supplied**). If the benefit does not have Davis Vision supplied contact lenses via the formulary, then it will be stated as Provider Supplied.

SECTION IV – ALLOWANCE SECTION

Allowance Section provides the monetary dollar amount available for non-plan materials. Allowance amounts may vary by plan.



SECTION II - COVERAGE SECTION

Plan Level:	Fashion	
Copayments:	Eye examination	$10
	Frame	$0
	Spectacle lenses	$25
	Contact Lenses:	
	Premium Collection lenses - Plan 1	$0

Plan Description:
An eye examination (including dilation), spectacle lenses and a frame or contact lenses in lieu of spectacle lenses. Visually Required contact lenses may be provided with prior approval.

SECTION III - SERVICE SECTION

C. Contact Lenses:

Collection Lenses:

- Evaluation/Fitting ☐
- 4 multi-packs* plan supplied Disposable lenses or: ☐
- 2 multi-packs* plan supplied Planned Replacement lenses ☐
- **Provider Supplied:** Evaluation/Fitting: Standard ☐ Specialty ☐
- Elective ☐
- Visually Required (prior approval required) ☐

SECTION II - COVERAGE SECTION

Plan Level:	Fashion	
Copayments:	Eye examination	$20
	Frame	$0
	Spectacle lenses	$0
	Contact Lenses	$0
	Evaluation/fitting	15% discount

Plan Description:
An eye examination (including dilation), spectacle lenses and frame, or contact lenses in lieu of eyeglasses. Visually Required contact lenses may be provided with prior approval.

SECTION III - SERVICE SECTION

C. Contact Lenses:

- **Provider Supplied:** Evaluation/Fitting: Standard ☐ Specialty ☐
- Elective ☐
- Visually Required (prior approval required) ☐

Davis Vision Benefit Designs

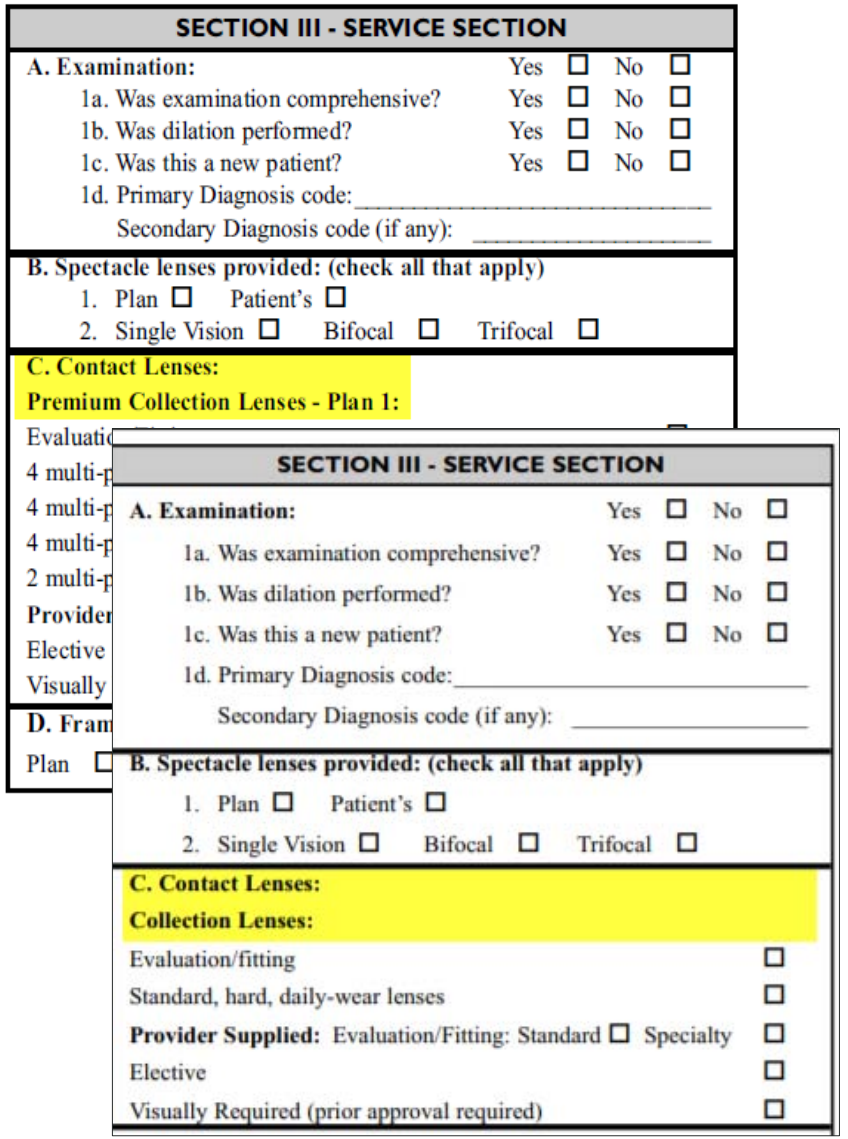
- Davis Vision has a variety of Contact Lens benefit designs.
- 1) Covered/ Included
    - Davis Vision Contact Lens Collection is included in the benefit. Utilize Davis Vision Contact Lens Formulary.
- 2) Up to $60.00
    - No Davis Vision Contact Lens Collection available in the benefit.
- 3) 15% Discount
    - No Contact Lens benefit.

Covered and Included Benefits

This type of benefit has Davis Vision Contact Lens Collection that is included in the benefit. These members have the option to utilize the Davis Vision Contact Lens Formulary.

Two types of Contact Lens Formulary
1) Premium
2) Standard

You can identify if the members benefit has a Contact Lens benefit, and if so, which type, by referring to the members Service Record Form, under Section III.



SECTION III - SERVICE SECTION

A. Examination: Yes ☐ No ☐
1a. Was examination comprehensive? Yes ☐ No ☐
1b. Was dilation performed? Yes ☐ No ☐
1c. Was this a new patient? Yes ☐ No ☐
1d. Primary Diagnosis code: _____
Secondary Diagnosis code (if any): _____

B. Spectacle lenses provided: (check all that apply)
1. Plan ☐ Patient's ☐
2. Single Vision ☐ Bifocal ☐ Trifocal ☐

C. Contact Lenses:
Premium Collection Lenses - Plan 1:

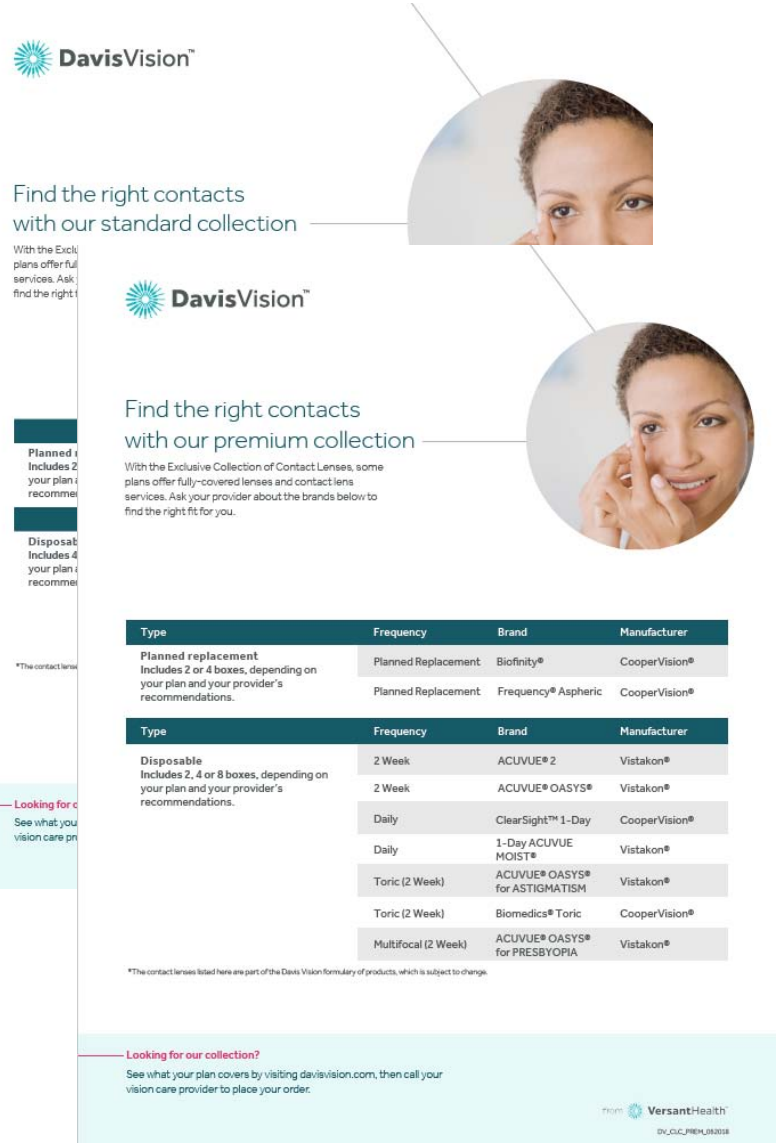
SECTION III - SERVICE SECTION

A. Examination: Yes ☐ No ☐
1a. Was examination comprehensive? Yes ☐ No ☐
1b. Was dilation performed? Yes ☐ No ☐
1c. Was this a new patient? Yes ☐ No ☐
1d. Primary Diagnosis code: _____
Secondary Diagnosis code (if any): _____

B. Spectacle lenses provided: (check all that apply)
1. Plan ☐ Patient's ☐
2. Single Vision ☐ Bifocal ☐ Trifocal ☐

C. Contact Lenses:
Collection Lenses:

Evaluation/fitting	☐
Standard, hard, daily-wear lenses	☐
Provider Supplied: Evaluation/Fitting: Standard ☐ Specialty	☐
Elective	☐
Visually Required (prior approval required)	☐



DavisVision™

Find the right contacts with our standard collection

DavisVision™

Find the right contacts with our premium collection

With the Exclusive Collection of Contact Lenses, some plans offer fully-covered lenses and contact lens services. Ask your provider about the brands below to find the right fit for you.

Type	Frequency	Brand	Manufacturer
Planned replacement Includes 2 or 4 boxes, depending on your plan and your provider's recommendations.	Planned Replacement	Biofinity®	CooperVision®
	Planned Replacement	Frequency® Aspheric	CooperVision®

Type	Frequency	Brand	Manufacturer
Disposable Includes 2, 4 or 8 boxes, depending on your plan and your provider's recommendations.	2 Week	ACUVUE® 2	Vistakon®
	2 Week	ACUVUE® OASYS®	Vistakon®
	Daily	ClearSight™ 1-Day	CooperVision®
	Daily	1-Day ACUVUE MOIST®	Vistakon®
	Toric (2 Week)	ACUVUE® OASYS® for ASTIGMATISM	Vistakon®
	Toric (2 Week)	Biomedics® Toric	CooperVision®
	Multifocal (2 Week)	ACUVUE® OASYS® for PRESBYOPIA	Vistakon®

*The contact lenses listed here are part of the Davis Vision formulary of products, which is subject to change.

Looking for our collection?
See what your plan covers by visiting davisvision.com, then call your vision care provider to place your order.

from VersantHealth

DV_CLC_PREM_082018

DavisVision™

Up to $60.00

This type of benefit does not have the Davis Vision Contact Lens Collection benefit available. These members have the option to utilize their allowance to select their contact lens materials from the provider.

This can be identified by viewing Section III of the member's Service Record Form. It will state "Provider Supplied." As you can see, under section IV, the member has a standard fitting covered in full (where Davis will reimburse up to $60.00) and a specialty fitting covered only up to $60.00 with a 15% discount on overage.

BlueCross BlueShield | FEPBlueVision

FEP Blue Vision
Vision Care Service Record
(This form to be maintained by the provider's office)

DAVIS VISION
EYECARE REFRAMED™

SECTION I - PROVIDER/PATIENT SECTION

Employee Name: _____

Employee ID No.: _____

Patient Name: _____

Relationship: Employee __ Spouse __ Child __

Provider's Name: _____

Provider's No.: _____

Authorization No.: **FEH** _____

Authorization Date: _____

SECTION II - COVERAGE SECTION

Plan Level: Premier

Copayments:		
	Eye examination	$0
	Frame and/or Spectacle lenses	$0
	Contact Lenses	$0
	Evaluation/fitting	$0

Plan Description:
An eye examination (including dilation), contact lens evaluation/fitting, spectacle lenses and frame, or provider supplied contact lenses in lieu of eyeglasses. Medically necessary contact lenses may be provided with prior approval.

SECTION III - SERVICE SECTION

A. Examination: Yes ☐ No ☐
1a. Was examination comprehensive? Yes ☐ No ☐
1b. Was dilation performed? Yes ☐ No ☐
1c. Was this a new patient? Yes ☐ No ☐
1d. Primary Diagnosis code: _____
Secondary Diagnosis code (if any): _____

B. Spectacle lenses provided: (check all that apply)
1. Plan ☐ Patient's ☐
2. Single Vision ☐ Bifocal ☐ Trifocal ☐

C. Contact Lenses:
Provider Supplied: Evaluation/Fitting: Standard ☐ Specialty ☐
Elective ☐
Medically Necessary (prior approval required) ☐

D. Frame Provided:
Plan ☐ Patient's ☐ Provider's ☐

SECTION IV - ALLOWANCE SECTION

Frame	Contact Lens Evaluation & Fitting		Contact Lens Material	Medically Necessary Contact Lens Material
	Standard	Specialty		
$150 plus 20% discount on overage	Paid in Full	Up to $60 plus 15% discount on overage	$150 plus 15% discount on overage	up to $600 (prior approval required)

SECTION V - OPTIONS SECTION

Patient charges for selected options.
Additional dispense will be paid by Davis Vision.

Option	☑	Patient Charge	Additional Dispense
Ultraviolet Coating	☐	Included	$ 6
Scratch-Resistant Coating	☐	Included	N/A
Glass Photochromic Lenses	☐	$20	$10
Plastic Photosensitive Lenses	☐	Included	$25
Blended Segments	☐	$20	$10
Intermediate Vision Lenses	☐	$30	$10
Standard Progressive	☐		

15% Discount Plan

This type of benefit does not have the Davis Vision Contact Lens Collection benefit available. Instead, these members receive a discount.

This can be identified by viewing Section II of the member's Service Record Form. It will state Contact Lenses Evaluation/ Fitting X% discount and under Section III Contact Lenses: Provider Supplied. Since this plan offers only provider supplied contact lens materials, provider must apply members Allowance found under Section IV.

SECTION III - SERVICE SECTION

A. Examination: Yes ☐ No ☐

1a. Was examination comprehensive? Yes ☐ No ☐

1b. Was dilation performed? Yes ☐ No ☐

1c. Was this a new patient? Yes ☐ No ☐

1d. Primary Diagnosis code: _____

Secondary Diagnosis code (if any): _____

B. Spectacle lenses provided: (check all that apply)

1. Plan ☐ Patient's ☐
2. Single Vision ☐ Bifocal ☐ Trifocal ☐

C. Contact Lenses:

Provider Supplied: Evaluation/Fitting: Standard ☐ Specialty ☐

Elective ☐

Visually Required (prior approval required) ☐

D. Frame Provided:

Plan ☐ Patient's ☐ Provider's ☐

SECTION II - COVERAGE SECTION

Plan Level:	Fashion	
Copayments:	Eye examination	$20
	Frame	$0
	Spectacle lenses	$0
	Contact Lenses	$0
	Evaluation/fitting	15% discount

Plan Description:
An eye examination (including dilation), spectacle lenses and frame, or contact lenses in lieu of eyeglasses. Visually Required contact lenses may be provided with prior approval.

SECTION IV - ALLOWANCE SECTION

Frame	Contact Lens Material	Visually Required Contact Lens Material
$95 plus 20% discount off overage	$100 plus 15% discount off overage	Paid in full (prior approval required)

Davis Reimburses Up to $60.00

SECTION II - COVERAGE SECTION		
Plan Level:	Premier	
Copayments:	Eye examination	$0
	Frame** and/or Spectacle lenses	$0
	Contact Lenses:	$0
	Evaluation/fitting	$0

Plan Description:
An eye examination (including dilation),contact lens evaluation/fitting, spectacle lenses and frame, or contact lenses in lieu of eyeglasses. Medically necessary contact lenses may be provided with prior approval. The contact lens evaluation/fitting is covered only in conjunction with the contact lens material benefit.

Davis does NOT Reimburse

SECTION II - COVERAGE SECTION		
Plan Level:	Fashion	
Copayments:	Eye examination	$25
	Frame	$0
	Spectacle lenses	$0
	Contact Lenses	$0
	Evaluation/fitting	15% discount

Plan Description:
An eye examination (including dilation), spectacle lenses and frame, or contact lenses in lieu of eyeglasses. Visually Required contact lenses may be provided with prior approval.

Three Steps to Identifying Reimbursements

Benefit/ Coverage

First: Look at Section III to determine if there is a Davis Contact Lens Collection benefit coverage

Co-pays

Second: Look at Section II to determine member co-pays and other charges

Davis Vision Formulary

Third: If there is Coverage from Davis Vision formulary, then determine where materials are supplied from and when to apply allowance

User-Friendly Steps

Examples

Davis Vision Covered Benefit: Example 1

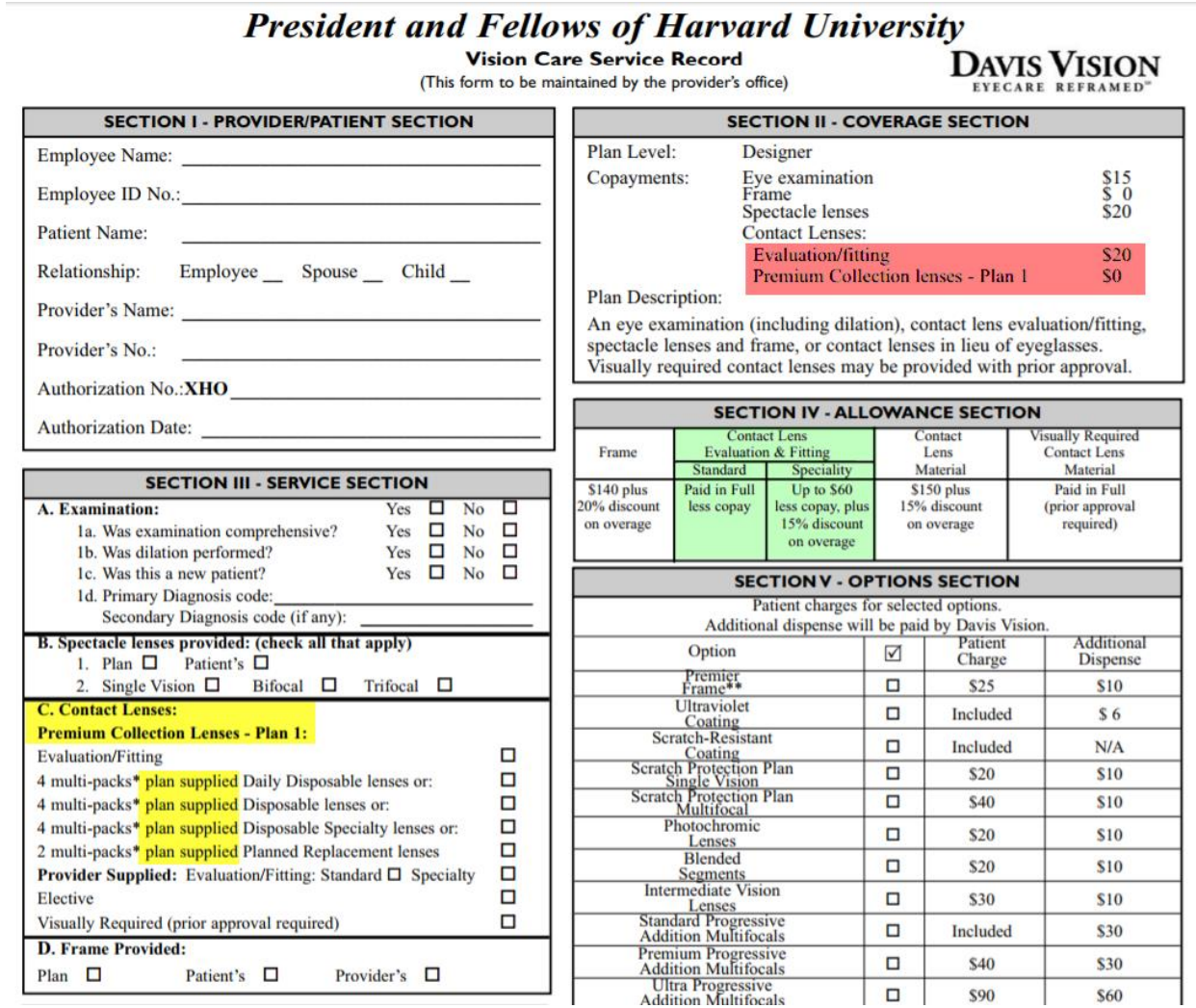
Member has Davis Vision CL coverage and Eval and Fitting is covered regardless of DV Supplied or Provider Supplied.

Step 1:
Section III, highlighted in yellow, identifies that the benefit has Davis Vision Collection Contacts covered as part of the member's benefit. Coverage level is identified as Premium.

Step 2:
Section II indicates that for an Evaluation/ Fitting there is a co-pay

Step 3:
Based on evaluation, determine where materials will be supplied from (i.e. Davis Vision Formulary or Provider Supplied). If contact lens materials are provider supplied, then Section IV will take effect. In the this example, the member's Evaluation/ Fitting is paid in full (up to $60.00) by Davis Vision if it was a Standard fit. If the member received a Specialty fit, then Davis will cover up to $60.00 of the provider's U& C charges. Any overage is member responsibility minus 15%. Provider must then utilize member's contact lens material allowance towards the purchase of contact lens materials.

*Standard Fit is spherical contact lens
** Specialty Fit is toric contact lens, monovision, and multifocal.



President and Fellows of Harvard University

Vision Care Service Record
(This form to be maintained by the provider's office)

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SECTION I - PROVIDER/PATIENT SECTION

Employee Name: _____
Employee ID No.: _____
Patient Name: _____
Relationship: Employee __ Spouse __ Child __
Provider's Name: _____
Provider's No.: _____
Authorization No.:**XHO** _____
Authorization Date: _____

SECTION II - COVERAGE SECTION

Plan Level: Designer

Copayments:		
	Eye examination	$15
	Frame	$ 0
	Spectacle lenses	$20
	Contact Lenses:	
	Evaluation/fitting	$20
	Premium Collection lenses - Plan 1	$0

Plan Description:
An eye examination (including dilation), contact lens evaluation/fitting, spectacle lenses and frame, or contact lenses in lieu of eyeglasses. Visually required contact lenses may be provided with prior approval.

SECTION III - SERVICE SECTION

A. Examination: Yes ☐ No ☐
1a. Was examination comprehensive? Yes ☐ No ☐
1b. Was dilation performed? Yes ☐ No ☐
1c. Was this a new patient? Yes ☐ No ☐
1d. Primary Diagnosis code: _____
Secondary Diagnosis code (if any): _____

B. Spectacle lenses provided: (check all that apply)
1. Plan ☐ Patient's ☐
2. Single Vision ☐ Bifocal ☐ Trifocal ☐

C. Contact Lenses:
Premium Collection Lenses - Plan 1:
Evaluation/Fitting ☐
4 multi-packs* plan supplied Daily Disposable lenses or: ☐
4 multi-packs* plan supplied Disposable lenses or: ☐
4 multi-packs* plan supplied Disposable Specialty lenses or: ☐
2 multi-packs* plan supplied Planned Replacement lenses ☐
Provider Supplied: Evaluation/Fitting: Standard ☐ Specialty ☐
Elective ☐
Visually Required (prior approval required) ☐

D. Frame Provided:
Plan ☐ Patient's ☐ Provider's ☐

SECTION IV - ALLOWANCE SECTION

Frame	Contact Lens Evaluation & Fitting		Contact Lens Material	Visually Required Contact Lens Material
	Standard	Speciality		
$140 plus 20% discount on overage	Paid in Full less copay	Up to $60 less copay, plus 15% discount on overage	$150 plus 15% discount on overage	Paid in Full (prior approval required)

SECTION V - OPTIONS SECTION

Patient charges for selected options.
Additional dispense will be paid by Davis Vision.

Option	☑	Patient Charge	Additional Dispense
Premier Frame**	☐	$25	$10
Ultraviolet Coating	☐	Included	$ 6
Scratch-Resistant Coating	☐	Included	N/A
Scratch Protection Plan Single Vision	☐	$20	$10
Scratch Protection Plan Multifocal	☐	$40	$10
Photochromic Lenses	☐	$20	$10
Blended Segments	☐	$20	$10
Intermediate Vision Lenses	☐	$30	$10
Standard Progressive Addition Multifocals	☐	Included	$30
Premium Progressive Addition Multifocals	☐	$40	$30
Ultra Progressive Addition Multifocals	☐	$90	$60

Davis Vision Covered Benefit

Example 1

$ Provider Reimbursements and Patient Responsibility:

- Section III, highlighted in yellow, identifies that the benefit has Davis Vision Collection Contacts covered as part of the member's benefit. Coverage level is identified as Premium.

- Section II indicates that for an Evaluation/ Fitting there is a co-pay.

- Based on evaluation, determine where materials will be supplied from (i.e. Davis Vision Formulary or Provider Supplied). If contact lens materials are provider supplied, then Section IV will take effect. In the this example, the member's Evaluation/ Fitting is paid in full by Davis Vision if it was a Standard fit. If the member received a Specialty fit, then Davis will cover up to $60.00 of the provider's U& C charges. Any overage is member responsibility minus 15%. Provider must then utilize member's contact lens material allowance towards the purchase of contact lens materials.

Service	Description	Total Reimbursement	Patient Responsibility (Copays + Additional Patient Responsibility)	Paid by Davis Vision
Evaluation/ Fitting	Contact Lens Materials Supplied from Davis Vision Formulary	Up to $60.00	$20.00	Up tp $40.00
Evaluation/ Fitting (Standard)	Contact Lens Materials Supplied by Provider	Up to $60.00	$20.00	Up tp $40.00
Evaluation/ Fitting (Specialty)	Contact Lens Materials Supplied by Provider	Up to $60.00 plus 15% discount on overage of U&C	$20.00 + 15% discount on overage of U&C	$40.00
Contact Lens Materials	Contact Lens Materials Supplied from Davis Vision Formulary	$0.00	$0.00	$0.00
Contact Lens Materials	Contact Lens Materials Supplied by Provider	Davis Vision Reimbursement + Patient Responsibility	15% Discount on overage on Member's Allowance	85% of Allowance

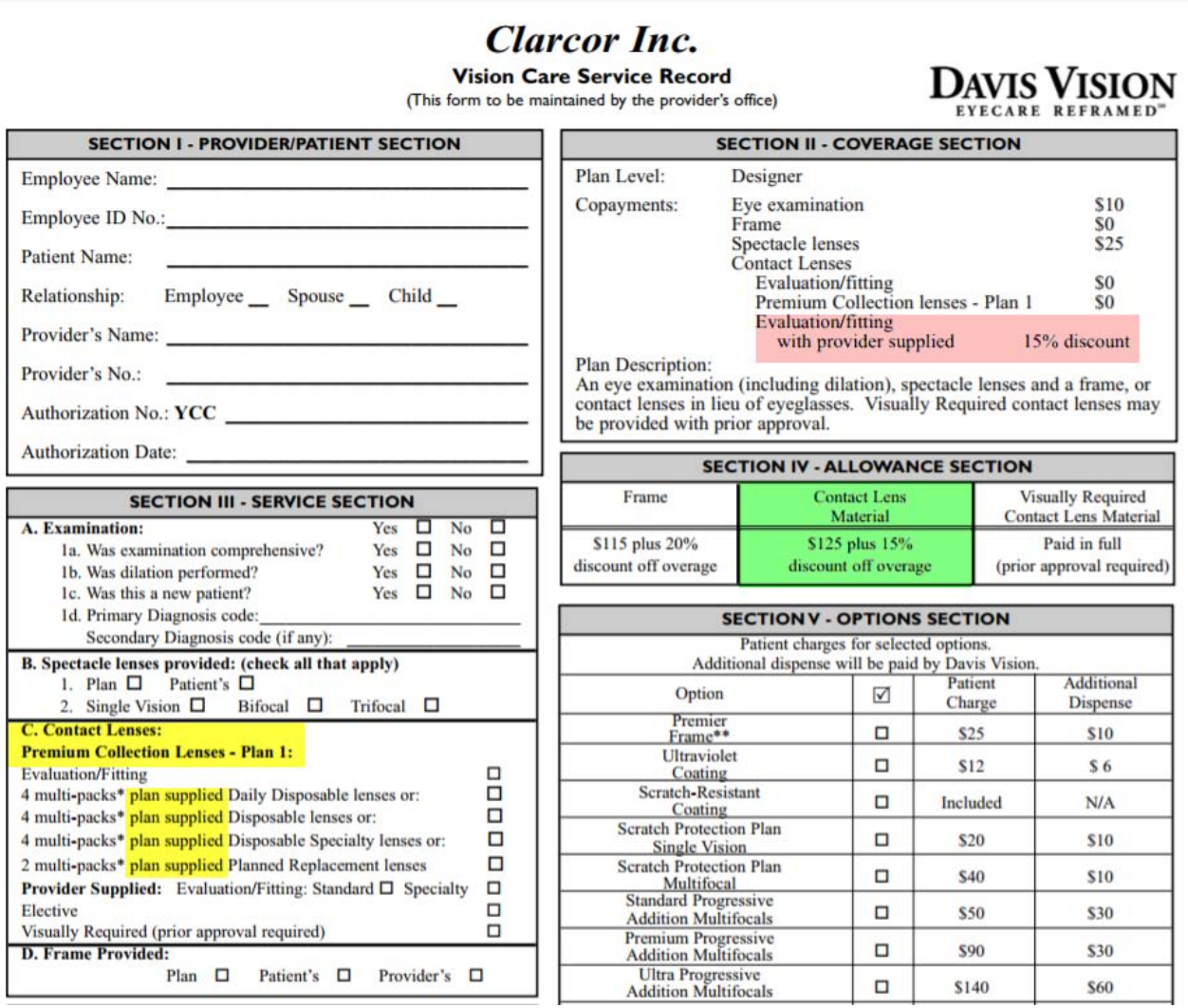
Davis Vision Covered Benefit: Example 2

Member has Davis Vision CL coverage and Eval and Fitting is only covered with DV Supplied Lens.

Step 1:
Section III, highlighted in yellow, identifies that the benefit has Davis Vision Collection Contacts covered as part of the member's benefit. Coverage level is identified as Premium.

Step 2:
Section II, highlighted in red, will indicate any co-pays for an Evaluation/ Fitting.

Step 3:
Based on evaluation, determine where materials will be supplied from (i.e. Davis Vision Formulary or Provider Supplied). If contact lens materials are Davis Supplied, then the Evaluation/ fitting is covered by Davis Vision. If contact lens materials are provider supplied, then the member's Evaluation/ Fitting is not paid by Davis Vision, and the member receives a 15% discount as indicated under Section II. Provider must then utilize member's contact lens material allowance towards the purchase of contact lens materials as identified under Section IV, highlighted in green.



Clarcor Inc.

Vision Care Service Record

(This form to be maintained by the provider's office)

DAVIS VISION
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SECTION I - PROVIDER/PATIENT SECTION

Employee Name: _____

Employee ID No.: _____

Patient Name: _____

Relationship: Employee __ Spouse __ Child __

Provider's Name: _____

Provider's No.: _____

Authorization No.: **YCC** _____

Authorization Date: _____

SECTION II - COVERAGE SECTION

Plan Level:	Designer	
Copayments:	Eye examination	$10
	Frame	$0
	Spectacle lenses	$25
	Contact Lenses	
	Evaluation/fitting	$0
	Premium Collection lenses - Plan 1	$0
	Evaluation/fitting with provider supplied	15% discount

Plan Description:
An eye examination (including dilation), spectacle lenses and a frame, or contact lenses in lieu of eyeglasses. Visually Required contact lenses may be provided with prior approval.

SECTION III - SERVICE SECTION

A. Examination: Yes ☐ No ☐
1a. Was examination comprehensive? Yes ☐ No ☐
1b. Was dilation performed? Yes ☐ No ☐
1c. Was this a new patient? Yes ☐ No ☐
1d. Primary Diagnosis code: _____
Secondary Diagnosis code (if any): _____

B. Spectacle lenses provided: (check all that apply)
1. Plan ☐ Patient's ☐
2. Single Vision ☐ Bifocal ☐ Trifocal ☐

C. Contact Lenses:
Premium Collection Lenses - Plan 1:
Evaluation/Fitting ☐
4 multi-packs* plan supplied Daily Disposable lenses or: ☐
4 multi-packs* plan supplied Disposable lenses or: ☐
4 multi-packs* plan supplied Disposable Specialty lenses or: ☐
2 multi-packs* plan supplied Planned Replacement lenses ☐
Provider Supplied: Evaluation/Fitting: Standard ☐ Specialty ☐
Elective ☐
Visually Required (prior approval required) ☐

D. Frame Provided:
Plan ☐ Patient's ☐ Provider's ☐

SECTION IV - ALLOWANCE SECTION

Frame	Contact Lens Material	Visually Required Contact Lens Material
$115 plus 20% discount off overage	$125 plus 15% discount off overage	Paid in full (prior approval required)

SECTION V - OPTIONS SECTION

Patient charges for selected options.
Additional dispense will be paid by Davis Vision.

Option	☑	Patient Charge	Additional Dispense
Premier Frame**	☐	$25	$10
Ultraviolet Coating	☐	$12	$ 6
Scratch-Resistant Coating	☐	Included	N/A
Scratch Protection Plan Single Vision	☐	$20	$10
Scratch Protection Plan Multifocal	☐	$40	$10
Standard Progressive Addition Multifocals	☐	$50	$30
Premium Progressive Addition Multifocals	☐	$90	$30
Ultra Progressive Addition Multifocals	☐	$140	$60

Davis Vision Covered Benefit

Example 2

$ Provider Reimbursements and Patient Responsibility:

- Section III, highlighted in yellow, identifies that the benefit has Davis Vision Collection Contacts covered as part of the member's benefit. Coverage level is identified as Premium.

- Section II will indicate any co-pays for an Evaluation/ Fitting.

- Based on evaluation, determine where materials will be supplied from (i.e. Davis Vision Formulary or Provider Supplied). If contact lens materials are Davis Supplied, then the Evaluation/ fitting is covered by Davis Vision. If contact lens materials are provider supplied, then the member's Evaluation/ Fitting is not paid by Davis Vision, and the member receives a 15% discount as indicated under Section II. Provider must then utilize member's contact lens material allowance towards the purchase of contact lens materials as identified under Section IV.

Service	Description	Total Reimbursement	Patient Responsibility (Copays + Additional Patient Responsibility)	Paid by Davis Vision
Evaluation/ Fitting	Contact Lens Materials Supplied from Davis Vision Formulary	Up to $60.00	$0..00	Up tp $60.00
Evaluation/ Fitting	Contact Lens Materials Supplied by Provider	15% Discount on U&C	15% Discount on U&C	$0.00
Contact Lens Materials	Contact Lens Materials Supplied from Davis Vision Formulary	$0.00	$0.00	$0.00
Contact Lens Materials	Contact Lens Materials Supplied by Provider	Davis Vision Reimbursement + Patient Responsibility	15% Discount on overage of Member's Allowance	85% of Allowance

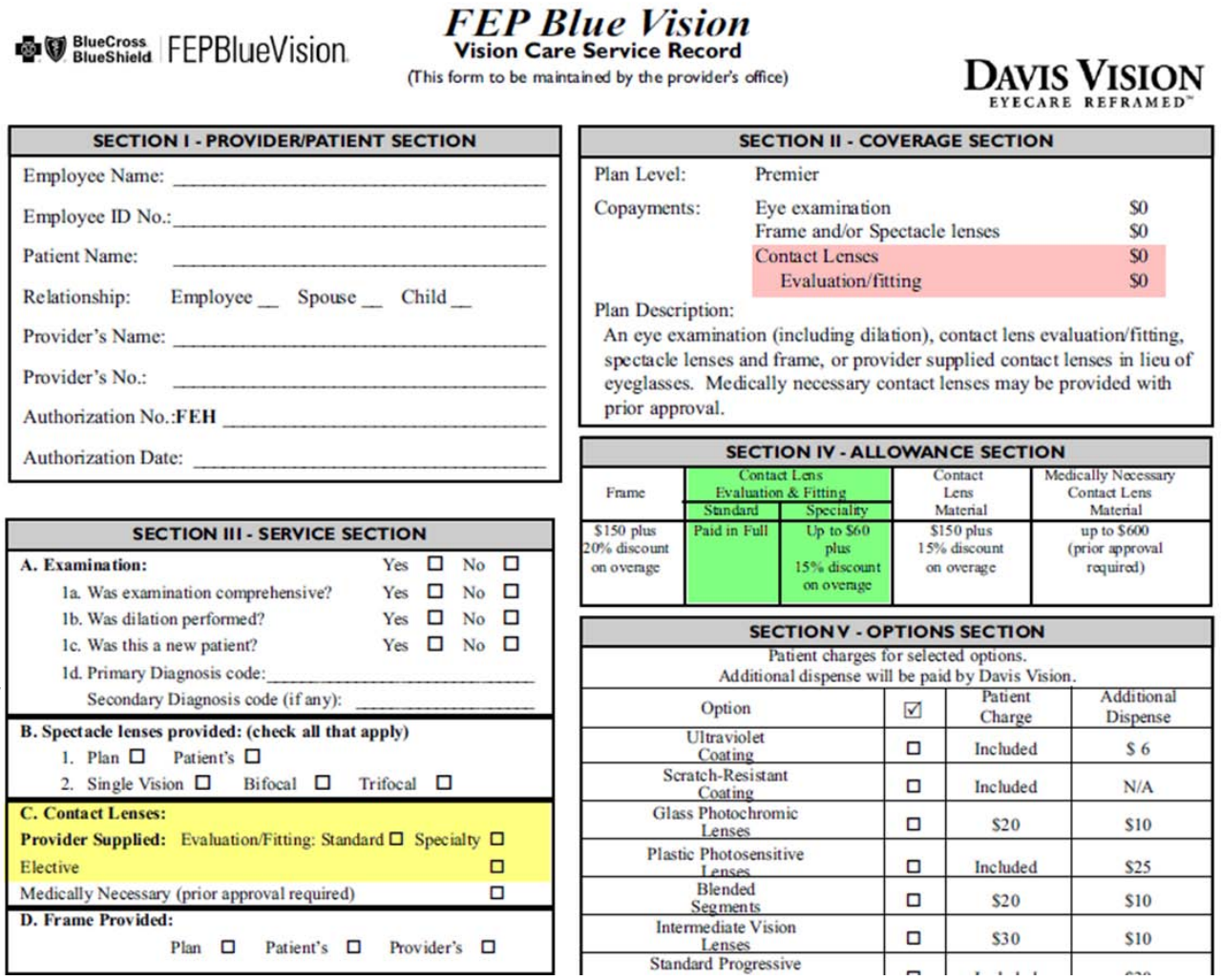
Davis Vision Covered Benefit: Example 3

Member has Davis Vision CL coverage and Eval and Fitting is covered when CL is DV Supplied. If Provider Supplied, Eval and Fitting can be pulled from Allowance.

Step 1:
Section III, highlighted in yellow, identifies that the benefit has Davis Vision Collection Contacts covered as part of the member's benefit. Coverage level is identified as Standard.

Step 2:
Section II, highlighted in red, will indicate any co-pays for an Evaluation/ Fitting.

Step 3:
Based on evaluation, determine where materials will be supplied from (i.e. Davis Vision Formulary or Provider Supplied). If contact lens materials are Davis Supplied, then the Evaluation/ fitting is covered by Davis Vision. If contact lens materials are provider supplied, then the member's Evaluation/ Fitting is not paid by Davis Vision, and the member may utilize the allowance towards contact lens evaluations and fitting and the purchase of contact lens materials. This can be identified under Section IV, highlighted in green, with the statement "Contact Lens". Since it states "Contact Lens" the benefit is splitable between evaluation/ fitting and materials. If the statement says "Contact Lens Material", then the allowance can only be utilized for contact lens materials and not applied towards evaluation/ fitting.



BlueCross BlueShield | FEPBlueVision

FEP Blue Vision
Vision Care Service Record
(This form to be maintained by the provider's office)

DAVIS VISION EYECARE REFRAMED™

SECTION I - PROVIDER/PATIENT SECTION

Employee Name: _____
Employee ID No.: _____
Patient Name: _____
Relationship: Employee __ Spouse __ Child __
Provider's Name: _____
Provider's No.: _____
Authorization No.:**FEH** _____
Authorization Date: _____

SECTION II - COVERAGE SECTION

Plan Level: Premier

Copayments:		
	Eye examination	$0
	Frame and/or Spectacle lenses	$0
	Contact Lenses	$0
	Evaluation/fitting	$0

Plan Description:
An eye examination (including dilation), contact lens evaluation/fitting, spectacle lenses and frame, or provider supplied contact lenses in lieu of eyeglasses. Medically necessary contact lenses may be provided with prior approval.

SECTION III - SERVICE SECTION

A. Examination: Yes ☐ No ☐
1a. Was examination comprehensive? Yes ☐ No ☐
1b. Was dilation performed? Yes ☐ No ☐
1c. Was this a new patient? Yes ☐ No ☐
1d. Primary Diagnosis code: _____
Secondary Diagnosis code (if any): _____

B. Spectacle lenses provided: (check all that apply)
1. Plan ☐ Patient's ☐
2. Single Vision ☐ Bifocal ☐ Trifocal ☐

C. Contact Lenses:
Provider Supplied: Evaluation/Fitting: Standard ☐ Specialty ☐
Elective ☐
Medically Necessary (prior approval required) ☐

D. Frame Provided:
Plan ☐ Patient's ☐ Provider's ☐

SECTION IV - ALLOWANCE SECTION

Frame	Contact Lens Evaluation & Fitting		Contact Lens Material	Medically Necessary Contact Lens Material
	Standard	Specialty		
$150 plus 20% discount on overage	Paid in Full	Up to $60 plus 15% discount on overage	$150 plus 15% discount on overage	up to $600 (prior approval required)

SECTION V - OPTIONS SECTION

Patient charges for selected options.
Additional dispense will be paid by Davis Vision.

Option	☑	Patient Charge	Additional Dispense
Ultraviolet Coating	☐	Included	$ 6
Scratch-Resistant Coating	☐	Included	N/A
Glass Photochromic Lenses	☐	$20	$10
Plastic Photosensitive Lenses	☐	Included	$25
Blended Segments	☐	$20	$10
Intermediate Vision Lenses	☐	$30	$10
Standard Progressive	☐		

Allowance is Splitable

SECTION IV - ALLOWANCE SECTION	
Contact Lens	Visually Required Contact Lenses
$200	$600 (prior approval required)

Allowance is NOT Spiltable

SECTION IV - ALLOWANCE SECTION		
Frame	Contact Lens Material	Visually Required Contact Lens Material
$60	$85	Paid in full (prior approval required)

Davis Vision Covered Benefit

Example 3

$ Provider Reimbursements and Patient Responsibility:

- Section III, highlighted in yellow, identifies that the benefit has Davis Vision Collection Contacts covered as part of the member's benefit. Coverage level is identified as Premium.

- Section II, highlighted in red, will indicate any co-pays for an Evaluation/ Fitting.

- Based on evaluation, determine where materials will be supplied from (i.e. Davis Vision Formulary or Provider Supplied). If contact lens materials are Davis Supplied, then the Evaluation/ fitting is covered by Davis Vision. If contact lens materials are provider supplied, then the member's Evaluation/ Fitting is not paid by Davis Vision, and the member may utilize a the allowance towards either the purchase of contact lens material or apply it to the Evaluation/ fitting. Since Section II does not state "Evaluation/ fitting with provider supplied 15% discount" or any other amount, the provider is able to utilize the member's allowance identified under Section IV, highlighted in green, towards the purchase of contact lens materials or Evaluation/ fitting (i.e. Member allowance is splitable between Evaluation/ fitting and purchase of materials).

Service	Description	Total Reimbursement	Patient Responsibility (Copays + Additional Patient Responsibility)	Paid by Davis Vision
Evaluation/ Fitting	Contact Lens Materials Supplied from Davis Vision Formulary	Up to $60.00	$0..00	Up tp $60.00
Evaluation/ Fitting	Contact Lens Materials Supplied by Provider	U&C Pulled from Allowance	$0..00	$0.00
Contact Lens Materials	Contact Lens Materials Supplied from Davis Vision Formulary	$0.00	$35.00	$0.00
Contact Lens Materials	Contact Lens Materials Supplied by Provider	Utilize Remainder of Allowance	$35.00	$0.00

Up to $60.00: Example 1

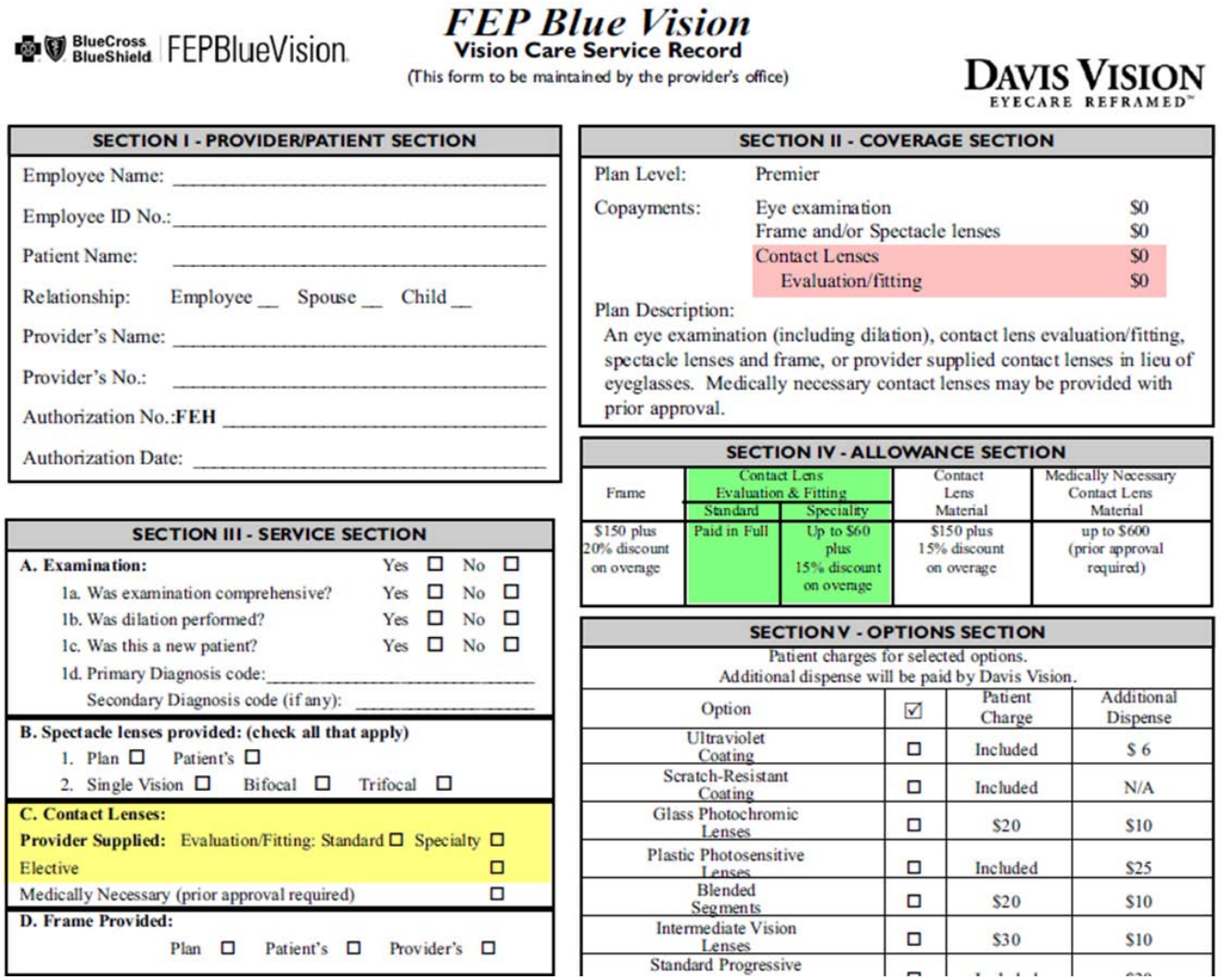
Member does not have Davis Vision CL coverage. Eval and Fitting is covered through separated Allowance based on type of fit.

Step 1:
Section III, highlighted in yellow, identifies that the benefit does not have Davis Vision Collection Contacts covered as part of the member's benefit. Only Provider Supplied Contact are covered.

Step 2:
Section II, highlighted in red, indicates any co-pays for Evaluation/ Fitting.

Step 3:
Based on evaluation, determine whether the member received a Standard fit or Specialty fit. Use Section IV, highlighted in green, to calculate your reimbursement. In the this example, for a Standard fit the member's Evaluation/ Fitting is paid in full by Davis Vision. If the member received a Specialty fit, then Davis will cover up to $60.00 of the provider's U&C charges. Any overage is the member's responsibility minus 15%. Provider may then refer to the contact lens materials allowance for the purchase of contact lens materials.
*Standard Fit is spherical contact lens

** Specialty Fit is toric contact lens, monovision, and multifocal



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Vision Care Service Record
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SECTION I - PROVIDER/PATIENT SECTION

Employee Name: _____
Employee ID No.: _____
Patient Name: _____
Relationship: Employee __ Spouse __ Child __
Provider's Name: _____
Provider's No.: _____
Authorization No.:FEH _____
Authorization Date: _____

SECTION II - COVERAGE SECTION

Plan Level: Premier

Copayments:		
	Eye examination	$0
	Frame and/or Spectacle lenses	$0
	Contact Lenses	$0
	Evaluation/fitting	$0

Plan Description:
An eye examination (including dilation), contact lens evaluation/fitting, spectacle lenses and frame, or provider supplied contact lenses in lieu of eyeglasses. Medically necessary contact lenses may be provided with prior approval.

SECTION III - SERVICE SECTION

A. Examination: Yes ☐ No ☐
1a. Was examination comprehensive? Yes ☐ No ☐
1b. Was dilation performed? Yes ☐ No ☐
1c. Was this a new patient? Yes ☐ No ☐
1d. Primary Diagnosis code: _____
Secondary Diagnosis code (if any): _____

B. Spectacle lenses provided: (check all that apply)
1. Plan ☐ Patient's ☐
2. Single Vision ☐ Bifocal ☐ Trifocal ☐

C. Contact Lenses:
Provider Supplied: Evaluation/Fitting: Standard ☐ Specialty ☐
Elective ☐
Medically Necessary (prior approval required) ☐

D. Frame Provided:
Plan ☐ Patient's ☐ Provider's ☐

SECTION IV - ALLOWANCE SECTION

Frame	Contact Lens Evaluation & Fitting		Contact Lens Material	Medically Necessary Contact Lens Material
	Standard	Specialty		
$150 plus 20% discount on overage	Paid in Full	Up to $60 plus 15% discount on overage	$150 plus 15% discount on overage	up to $600 (prior approval required)

SECTION V - OPTIONS SECTION

Patient charges for selected options.
Additional dispense will be paid by Davis Vision.

Option	☑	Patient Charge	Additional Dispense
Ultraviolet Coating	☐	Included	$ 6
Scratch-Resistant Coating	☐	Included	N/A
Glass Photochromic Lenses	☐	$20	$10
Plastic Photosensitive Lenses	☐	Included	$25
Blended Segments	☐	$20	$10
Intermediate Vision Lenses	☐	$30	$10
Standard Progressive	☐		

Up to $60.00

Example 1

Provider Reimbursements and Patient Responsibility:

- Section III, highlighted in yellow, identifies that the benefit does not have Davis Vision Collection Contacts covered as part of the member's benefit. Only Provider Supplied Contact are covered.

- Section II, highlighted in red, indicates any co-pays for Evaluation/ Fitting.

- Based on evaluation, determine whether the member received a Standard fit or Specialty fit. Use Section IV, highlighted in green, to determine/ calculate your reimbursement. In the this example, for a Standard fit, the member's Evaluation/ Fitting is paid in full by Davis Vision. If the member received a Specialty fit, then Davis will cover **up to** $60.00 of the provider's U& C charges. Any overage is the member's responsibility minus 15%. Provider may then refer to the contact lens materials allowance and apply that towards the purchase of contact lens materials.

Service	Description	Total Reimbursement	Patient Responsibility (Copays + Additional Patient Responsibility)	Paid by Davis Vision
Evaluation/ Fitting (Standard)	Contact Lens Materials Supplied by Provider	Up to $60.00	$0..00	Up to $60.00
Evaluation/ Fitting (Specialty)	Contact Lens Materials Supplied by Provider	Up to $60.00 plus 15% discount on overage of U&C	15% Discount on Overage of U&C	Up to $60.00
Contact Lens Materials	Contact Lens Materials Supplied by Provider	Davis Vision Reimbursement + Patient Responsibility	15% Discount on Overage of U&C	85% of Allowance

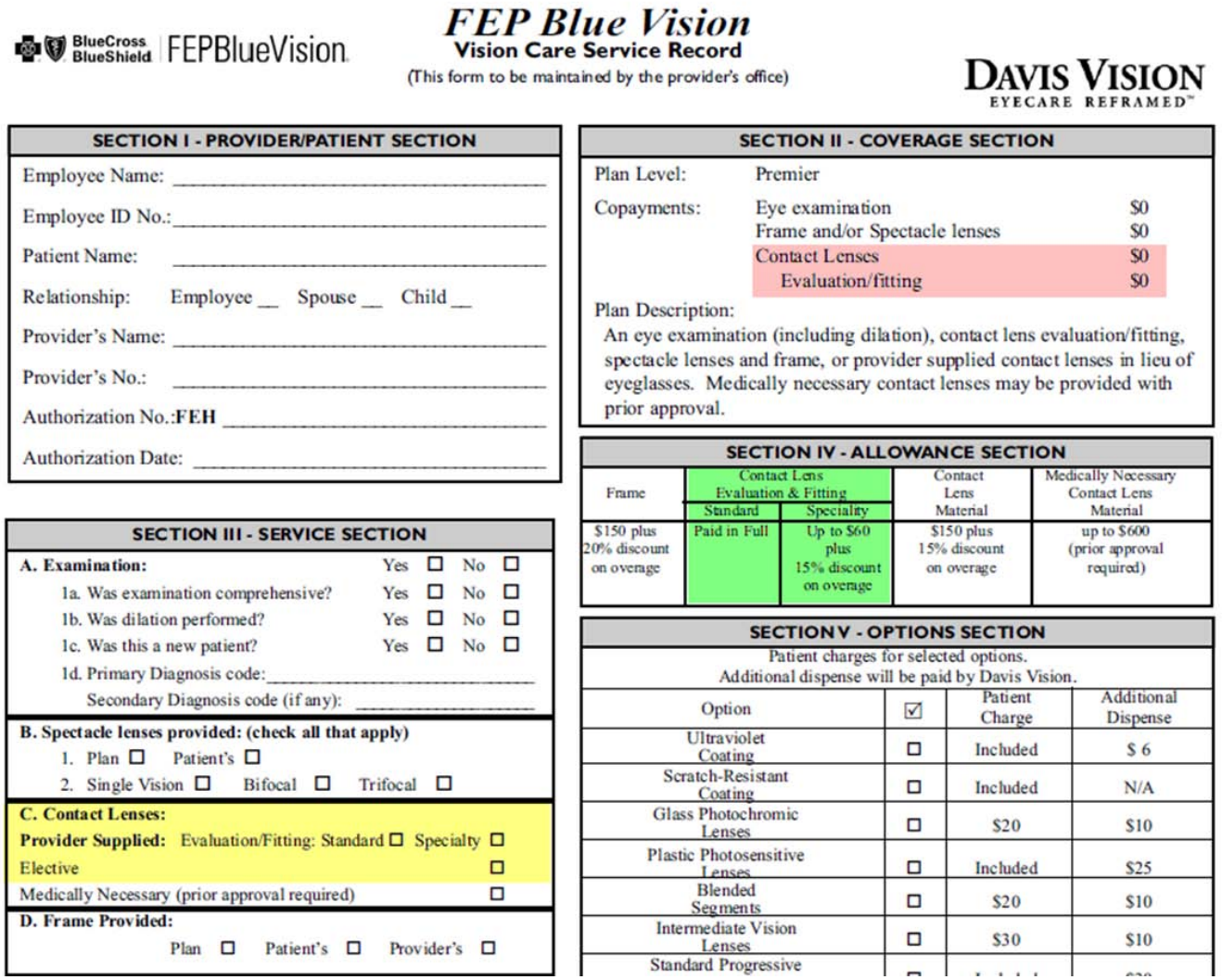
Up to $60.00: Example 2

Member does not have Davis Vision CL coverage. Eval and Fitting is covered through separated Allowance based on type of fit.

Step 1:
Section III, highlighted in yellow, identifies that the benefit does not have Davis Vision Collection Contacts covered as part of the member's benefit. Only Provider Supplied Contact are covered.

Step 2:
Section II, highlighted in red, indicates any co-pays for Evaluation/ Fitting.

Step 3:
Use Section IV, highlighted in green, to calculate your reimbursement. In the this example, Evaluation/ Fitting is paid by Davis Vision up to $40.00 . Patients will be responsible for the overage minus a 15% discount. Provider may then refer to the contact lens materials allowance and apply that towards the purchase of contact lens materials.



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SECTION I - PROVIDER/PATIENT SECTION

Employee Name: _____
Employee ID No.: _____
Patient Name: _____
Relationship: Employee __ Spouse __ Child __
Provider's Name: _____
Provider's No.: _____
Authorization No.:FEH _____
Authorization Date: _____

SECTION II - COVERAGE SECTION

Plan Level: Premier

Copayments:		
	Eye examination	$0
	Frame and/or Spectacle lenses	$0
	Contact Lenses	$0
	Evaluation/fitting	$0

Plan Description:
An eye examination (including dilation), contact lens evaluation/fitting, spectacle lenses and frame, or provider supplied contact lenses in lieu of eyeglasses. Medically necessary contact lenses may be provided with prior approval.

SECTION III - SERVICE SECTION

A. Examination: Yes ☐ No ☐
1a. Was examination comprehensive? Yes ☐ No ☐
1b. Was dilation performed? Yes ☐ No ☐
1c. Was this a new patient? Yes ☐ No ☐
1d. Primary Diagnosis code: _____
Secondary Diagnosis code (if any): _____

B. Spectacle lenses provided: (check all that apply)
1. Plan ☐ Patient's ☐
2. Single Vision ☐ Bifocal ☐ Trifocal ☐

C. Contact Lenses:
Provider Supplied: Evaluation/Fitting: Standard ☐ Specialty ☐
Elective ☐
Medically Necessary (prior approval required) ☐

D. Frame Provided:
Plan ☐ Patient's ☐ Provider's ☐

SECTION IV - ALLOWANCE SECTION

Frame	Contact Lens Evaluation & Fitting		Contact Lens Material	Medically Necessary Contact Lens Material
	Standard	Specialty		
$150 plus 20% discount on overage	Paid in Full	Up to $60 plus 15% discount on overage	$150 plus 15% discount on overage	up to $600 (prior approval required)

SECTION V - OPTIONS SECTION

Patient charges for selected options.
Additional dispense will be paid by Davis Vision.

Option	☑	Patient Charge	Additional Dispense
Ultraviolet Coating	☐	Included	$ 6
Scratch-Resistant Coating	☐	Included	N/A
Glass Photochromic Lenses	☐	$20	$10
Plastic Photosensitive Lenses	☐	Included	$25
Blended Segments	☐	$20	$10
Intermediate Vision Lenses	☐	$30	$10
Standard Progressive	☐		

Up to $60.00

Example 2

Provider Reimbursements and Patient Responsibility:

- Section III, highlighted in yellow, identifies that the benefit does not have Davis Vision Collection Contacts covered as part of the member's benefit. Only Provider Supplied Contact are covered.

- Section II, highlighted in red, indicates any co-pays for Evaluation/ Fitting.

- Use Section IV, highlighted in green, to calculate your reimbursement. In the this example, Evaluation/ Fitting is paid in full by Davis Vision up to $40.00 . Patients will be responsible for the overage minus a 15% discount. Provider may then refer to the contact lens materials allowance and apply that towards the purchase of contact lens materials.

Service	Description	Total Reimbursement	Patient Responsibility (Copays + Additional Patient Responsibility)	Paid by Davis Vision
Evaluation/ Fitting	Contact Lens Materials Supplied by Provider	Davis Vision Reimbursement + Patient Responsibility	15% Discount on overage of Member's Allowance	Up to $40.00
Contact Lens Materials	Contact Lens Materials Supplied by Provider	Davis Vision Reimbursement + Patient Responsibility	15% Discount on overage of Member's Allowance	85% of Allowance

15% Discount: Example 1

Member does not have Davis Vision CL coverage for Evaluation/Fitting and Materials.

Step 1:
Section III, highlighted in yellow, identifies that the benefit does not have Davis Vision Collection Contacts covered as part of the member's benefit. Only Provider Supplied Contact are covered.

Step 2:
Section II, highlighted in red, indicates there are no co-pays, but instead have a 15% for Evaluation/ Fitting.

Step 3:
Use Section IV, highlighted in green, identifies the contact lens materials allowance and the provider should apply that towards the purchase of contact lens materials.

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SECTION I - PROVIDER/PATIENT SECTION

Employee Name: _____

Employee ID No.: _____

Patient Name: _____

Relationship: Employee __ Spouse __ Child __

Provider's Name: _____

Provider's No.: _____

Authorization No.:**FEH** _____

Authorization Date: _____

SECTION II - COVERAGE SECTION

Plan Level:	Premier	
Copayments:	Eye examination	$0
	Frame and/or Spectacle lenses	$0
	Contact Lenses	$0
	Evaluation/fitting	$0

Plan Description:
An eye examination (including dilation), contact lens evaluation/fitting, spectacle lenses and frame, or provider supplied contact lenses in lieu of eyeglasses. Medically necessary contact lenses may be provided with prior approval.

SECTION III - SERVICE SECTION

A. Examination: Yes ☐ No ☐
1a. Was examination comprehensive? Yes ☐ No ☐
1b. Was dilation performed? Yes ☐ No ☐
1c. Was this a new patient? Yes ☐ No ☐
1d. Primary Diagnosis code: _____
Secondary Diagnosis code (if any): _____

B. Spectacle lenses provided: (check all that apply)
1. Plan ☐ Patient's ☐
2. Single Vision ☐ Bifocal ☐ Trifocal ☐

C. Contact Lenses:
Provider Supplied: Evaluation/Fitting: Standard ☐ Specialty ☐
Elective ☐
Medically Necessary (prior approval required) ☐

D. Frame Provided:
Plan ☐ Patient's ☐ Provider's ☐

SECTION IV - ALLOWANCE SECTION

Frame	Contact Lens Evaluation & Fitting		Contact Lens Material	Medically Necessary Contact Lens Material
	Standard	Speciality		
$150 plus 20% discount on overage	Paid in Full	Up to $60 plus 15% discount on overage	$150 plus 15% discount on overage	up to $600 (prior approval required)

SECTION V - OPTIONS SECTION

Patient charges for selected options.
Additional dispense will be paid by Davis Vision.

Option	☑	Patient Charge	Additional Dispense
Ultraviolet Coating	☐	Included	$ 6
Scratch-Resistant Coating	☐	Included	N/A
Glass Photochromic Lenses	☐	$20	$10
Plastic Photosensitive Lenses	☐	Included	$25
Blended Segments	☐	$20	$10
Intermediate Vision Lenses	☐	$30	$10
Standard Progressive	☐		

15% Discount

Example 1

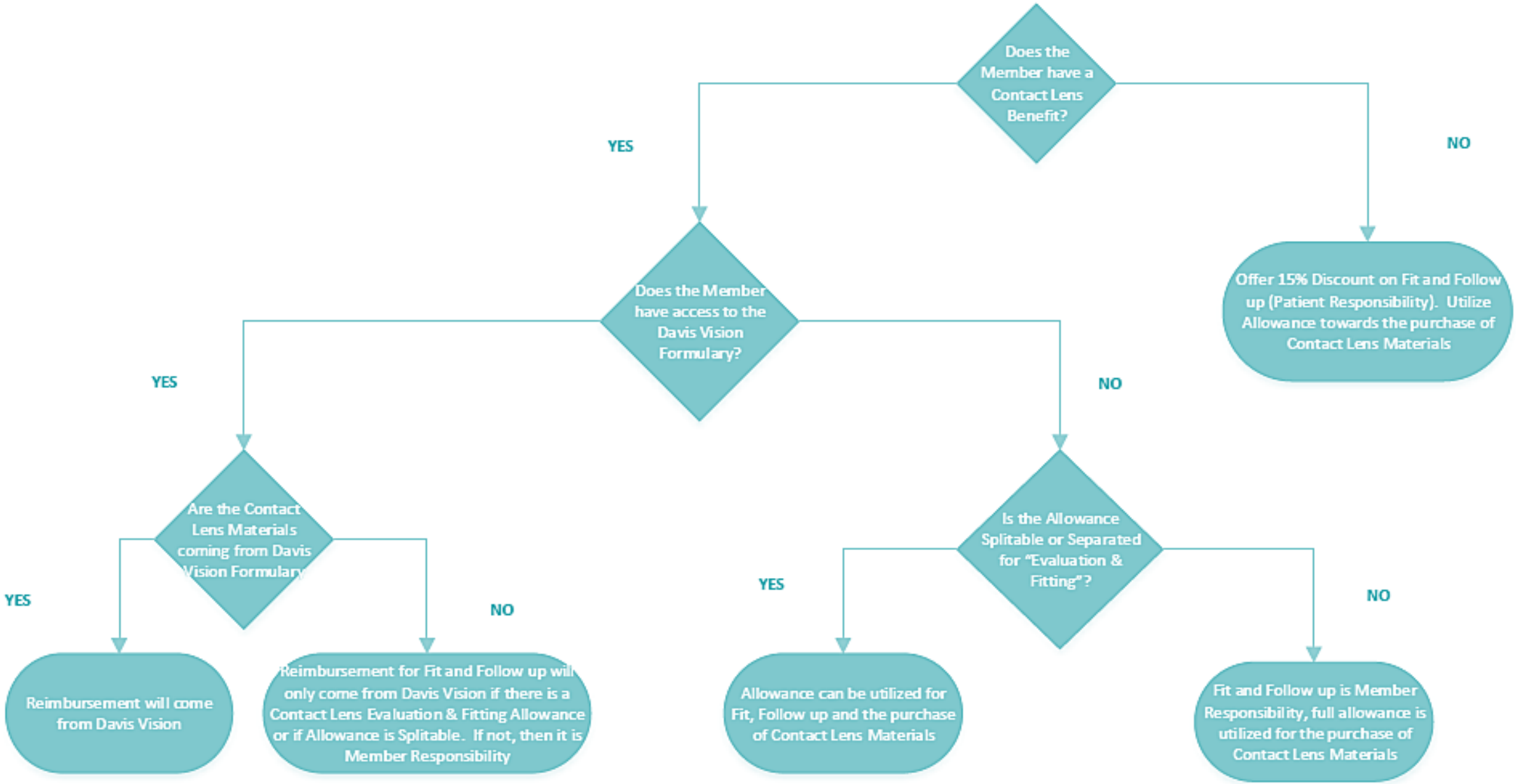
Provider Reimbursements and Patient Responsibility:

- Section III, highlighted in yellow, identifies that the benefit does not have Davis Vision Collection Contacts covered as part of the member's benefit. Only Provider Supplied Contact are covered.

- Section II, highlighted in red, indicates there are no co-pays, but instead have a 15% for Evaluation/ Fitting.

- Use Section IV, highlighted in green, identifies the contact lens materials allowance and the provider should apply that towards the purchase of contact lens materials.

Service	Description	Total Reimbursement	Patient Responsibility (Copays + Additional Patient Responsibility)	Paid by Davis Vision
Evaluation/ Fitting	Contact Lens Materials Supplied by Provider	15% of U&C	15% of U&C	$0.00
Contact Lens Materials	Contact Lens Materials Supplied by Provider	Davis Vision Reimbursement + Patient Responsibility	15% Discount on overage of Member's Allowance	85% of Allowance


Does the Member have a Contact Lens Benefit?
YES
NO
Offer 15% Discount on Fit and Follow up (Patient Responsibility). Utilize Allowance towards the purchase of Contact Lens Materials
Does the Member have access to the Davis Vision Formulary?
YES
NO
Are the Contact Lens Materials coming from Davis Vision Formulary
YES
NO
Reimbursement will come from Davis Vision
Reimbursement for Fit and Follow up will only come from Davis Vision if there is a Contact Lens Evaluation & Fitting Allowance or if Allowance is Splitable. If not, then it is Member Responsibility
Is the Allowance Splitable or Separated for "Evaluation & Fitting"?
YES
NO
Allowance can be utilized for Fit, Follow up and the purchase of Contact Lens Materials
Fit and Follow up is Member Responsibility, full allowance is utilized for the purchase of Contact Lens Materials

CONTACT NUMBERS

Provider Services

1-800-584-3140

Monday – Friday: 8AM – 6PM EST

Utilization Review

1-800-584-2329

Monday – Friday: 8AM – 6PM EST

Excel Advantage

1-800-933-9375

Go to www.davisvision.com

Quality Assurance

1-888-343-3470

Go to www.davisvision.com

Order Entry

1-800-888-4321

Go to www.davisvision.com

Website Assistance

1-800-943-5738

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