

DAVIS VISION EYECARE REFRAMEDSM

Vision Care Plan Benefit Description

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

UMWA Non-Rock Retirees

Please visit Davis Vision's website: www.davisvision.com, or call **1.800.999.5431** with questions.

UMWA Non-Rock Retirees is very 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 plan participant and a UMRA Non-Rock retiree or dependent.
- Provide the office with the retirees ID or Personnel 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 no claim forms or ID cards are 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.

Patient Credit toward an eye examination and materials at a network provider's office:

Service	
Routine Eye Exam (every 24 months)	\$46.77 patient credit
Prescription lenses (every 24 months)	
Single vision lenses	\$46.78 patient credit
Bifocals	\$70.18 patient credit
Trifocals	\$93.54 patient credit
Lenticular lenses	\$116.92 patient credit
Contact lenses (every 24 months)	\$70.18 patient credit*
Frames (every 24 months)	\$33.13 patient credit

*Your routine eye exam fee is separate and not included with your contact lens fee.

Patient reimbursement for an eye examination and materials at an out-of- network provider's office:

Service	
Routine Eye Exam (every 24 months)	\$46.77 patient credit
Prescription lenses (every 24 months)	
Single vision lenses	\$46.78 patient credit
Bifocals	\$70.18 patient credit
Trifocals	\$93.54 patient credit
Lenticular lenses	\$116.92 patient credit
Contact lenses (every 24 months)	\$70.18 patient credit*
Frames (every 24 months)	\$33.13 patient credit

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.

Mail Order Contact Lenses:



Free membership and access to a mail order replacement contact lens service, LENS123®, provides 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 LENS123® website at www.LENS123.com.

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).

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.

Vision benefits do not include expenses incurred for:

- Sunglasses (other than Tints #1 or #2);
- Extra charges for photosensitive or anti-reflective lenses;
- Drugs or medication (other than for vision examination), medical or surgical treatment of eyes;
- Special procedures, such as orthoptics, vision training, subnormal vision aids, aniseikonia lenses and tonography;
- Experimental services or supplies;
- Replacement of lost or broken lenses and/or frames unless replacement is eligible under the frequency and prescription limitations;
- Services or supplies not prescribed as necessary by a licensed physician, optometrist or optician;
- Services or supplies for which the insured person is entitled to benefits under any other provision of the Plan or as provided under a mine safety glass program;
- Any services which are covered by any worker's compensation laws or employer's liability laws, or services which the Employer is required by law to furnish in whole or in part;
- Services or supplies which are obtained from any governmental agency without cost by compliance with laws or regulations enacted by any federal, state, municipal or other governmental body;
- Charges for services or supplies for which no charge is made that the Beneficiary is legally obligated to pay for which no charge would be made in the absence of vision care coverage;

The exclusions listed above shall not be read to omit or exclude coverage that may be contained in this Hourly (UMWA Represented Employees) Benefit Plan.

Your rights as a patient:

DavisVision 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** 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."

DavisVision may operate as DavisVision Insurance Administrators in California
