

# Vision Care Plan Benefit Description

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



## Sergeants Benevolent Association Health & Welfare Fund Retirees

Ed Mullins President

Please call Davis Vision at **1-800-999-5431** with questions or visit Davis Vision's website: **www.davisvision.com**.  
OR The **SBA Health & Welfare Fund** office at 212-431-6555

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The **Sergeants Benevolent Association Health & Welfare Fund** is pleased to provide this information about your vision care plan administered by Davis Vision, Inc., a leading national administrator of vision care programs.

### 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 and The Sergeants Benevolent Association Health & Welfare Fund member or dependent.
- Provide the office with the member's NYPD Tax Identification Number and the name and the date of birth of any covered dependant needing services.

It's that easy! The provider's office will verify your eligibility for services, and no claim forms, vouchers 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.

### What are the plan benefits, frequencies and costs? Plan benefits are as follows:

Members and their covered dependents are entitled to an eye examination, including dilation as professionally indicated and eyeglasses or contact lenses. Additional pairs of eyeglasses are available at fixed discounted prices. Please see eyeglass section.

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### EYE EXAMINATIONS . . . . . Every 24 months, including dilation as professionally indicated.

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

If you obtain services at a **Visionworks** Location anywhere in the United States, there will be no copayment.

If you obtain services at a participating provider, copayments may vary. Please call member services at 1.800.999.5431 to verify the copay amount.

Out-of-Network . . . . . Claim reimbursement up to \$41.60

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### EYEGASSES . . . . . Every 24 months

Pair 1 . . . . . \$0

Pairs 2 and 3 . . . . . The copayment for the 2nd and 3rd pairs will be dependent upon the area in which you receive services. Please call member services to verify amount. Pairs 2 & 3 must be purchased on the original date of service.

You may choose any Davis Vision Collection Frame offered at any network participating provider office . . . . . Covered in full.

If you obtain services at a **Visionworks** Location, you are entitled to any frame at no cost up to a \$149.95 value. If you choose a frame over \$149.95 you will receive a 20% discount off the price of the frame.

Out-of-Network . . . . . Claim reimbursement up to \$74.56 for one pair of eyeglasses.

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### CONTACT LENSES . . . . . Every 24 months

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

In lieu of eyeglasses, you may select contact lenses. Contact lenses from Davis Vision's Contact Lens Collection will be covered in full per the number indicated below. If you select contact lenses, your evaluation, fitting and follow up care will also be covered.

Davis Vision Premium Contact Lens Collection (includes evaluation, fitting, follow-up):

Disposable . . . . . Eight boxes/multi-packs<sup>11</sup>

Planned Replacement . . . . . Four boxes/multi-packs<sup>11</sup>

<sup>11</sup> Number of contact lens boxes may vary based on manufacturer's packaging.

In lieu of the Davis Vision contact lenses, members may use a \$60 credit to go toward the provider's own supply of contact lenses, evaluation, fitting and follow-up care. This credit would also apply towards all Non-plan contact lenses received at participating retail locations.

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**(CONTACT LENSES continued)**

Routine eye examinations may not include professional services for contact lens evaluations. Any applicable fees are the responsibility of the patient.

Medically necessary contact lenses will be covered up to \$1,000 with prior approval and may be prescribed only for certain medical conditions such as Keratoconus.

Out-of-Network . . . . . Claim reimbursement up to \$74.56 for one dispense of 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.

**What lenses/coatings are included?<sup>2</sup>**

- Plastic or glass single vision, bifocal or trifocal lenses, in any prescription range.
- Glass grey #3 prescription lenses.
- Oversize lenses.
- Post-cataract lenses.
- Tinting of plastic lenses.
- Polycarbonate lenses.

**Are there any optional frames, lens types or coatings available?<sup>2</sup>**

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

- \$20 for scratch-resistant coating.
- \$20 for photochromic glass lenses.
- \$12 for ultraviolet (UV) coating.
- \$35 for standard ARC (anti-reflective coating). Premium ARC is \$48.
- \$75 for polarized lenses.
- \$30 for intermediate vision lenses.
- \$20 for blended invisible bifocals.
- \$65 for plastic photosensitive lenses.
- \$55 for high-index (thinner and lighter) lenses.
- \$50 for standard progressive addition multifocal lenses, \$90 for premium progressive addition multifocal lenses, \$140 for ultra progressive addition multifocal lenses.<sup>3</sup>

<sup>2</sup>These lens options and copays apply to in-network benefits only.

<sup>3</sup>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 1.800.999.5431.

**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 or an out-of-network provider. If you wish, you may receive your eye examination, eyeglasses or contact lenses at different time periods. In addition, you may split the benefit between a network and out of network provider.

**Information about Laser Vision Correction Services:**

Davis Vision provides you and your eligible dependents with the opportunity to receive Laser Vision Correction Services at discounts of up to 25% off a participating provider's normal charges, or 5% off any advertised special (please note that some providers have flat fees equivalent to these discounts). Please check the discount available to you with the participating provider. For more information, please visit us at [www.davisvision.com](http://www.davisvision.com) or call 1.800.999.5431.

**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.

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**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).

**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.

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 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 1.800.999.5431.**

“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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