

Teamsters Local 671 Health Services and Insurance Plan - Active



Welcome to Davis Vision!

We are pleased to provide you with information on your vision benefit to help you care for your vision and eye health - a key part of overall health and wellness!

Using your benefits is easy! Just log on to our Member site at davisvision.com and click "Find a Provider," or call us at 1.800.999.5431.

please visit our member site at davisvision.com or call 1.877.923.2847 to locate providers or for additional information.

Make an appointment. Tell your provider you are a Davis Vision member with coverage through Teamsters Local 671 Health Services and Insurance Plan. Provide your member ID number, name and date of birth, and do the same for your covered dependents seeking vision services. Your provider will take care of the rest!

Your Davis Vision Premier Plan Benefits

100% OF YOUR CALLS & CLAIMS ARE PROUDLY ADMINISTERED IN THE USA

| Benefit | Frequency Once every - | In-network Copay | In-network Coverage |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Eye Examination | 24 months (over age 19) 12 months (under age 19) | \$0 | Covered in full. <i>Includes dilation when professionally indicated.</i> |
| MEMBER | Entitled to 2 pairs of eyeglasses (or 3 in lieu of bifocals) One pair may be prescription or non-prescription sunglasses ³ | | |
| SPOUSE/CHILD | Entitled to 1 pair of eyeglasses (Spouse only may receive 2 pairs in lieu of bifocals) | | |
| Spectacle Lenses | 24 months (over age 19) 12 months (under age 19) | \$0 | Clear plastic lenses in any single vision, bifocal, trifocal or lenticular prescription. Covered in full. (See below for additional lens options and coatings.) |
| Frame | 24 months (over age 19) 12 months (under age 19) | \$0 | Covered in Full Frames: Any Fashion, Designer or Premier level frame from Davis Vision's Collection ¹ (retail value, up to \$195). OR, Frame Allowance: \$150 toward any frame from provider. No copay required. ⁴ |
| MEMBER | Entitled to one pair of contact lenses in addition to one pair of eyeglasses (or 2 pair of eyeglasses in lieu of bifocals). ³ | | |
| SPOUSE/CHILD | Entitled to one contact lens benefit in lieu of eyeglasses. | | |
| Contact Lens Evaluation, Fitting & Follow Up Care | 24 months (over age 19) 12 months (under age 19) | \$0 | Davis Vision Collection Contacts: Covered in full. Standard, Soft Contacts: Covered in full. |
| Contact Lenses (in lieu of eyeglasses) | 24 months (over age 19) 12 months (under age 19) | \$0 | Covered in Full Contacts: From Davis Vision's Collection ¹ , up to: Planned Replacement Disposable Two boxes/multi-packs* Four boxes/multi-packs* OR, Contact Lens Allowance: \$75 allowance toward any contacts from provider's supply. No copay required. OR, Visually Required Contacts: Covered up to \$500 with the correction of Keratoconus with prior approval. <small>*Number of contact lens boxes may vary based on manufacturer's packaging.</small> |

Significant savings on optional frames, lens types and coatings!

| | Member Price |
|----------------------------------------------------------------------------------|---------------------------|
| Davis Vision Collection Frames: Fashion Designer Premier | \$0 \$0 \$0 |
| Tinting of Plastic Lenses | \$0 |
| Scratch-Resistant Coating | \$0 |
| Premium Scratch-Resistant Coating | \$30 |
| Ultraviolet Coating | \$12 |
| Anti-Reflective Coating: Standard Premium Ultra Ultimate | \$35 \$48 \$60 \$85 |
| Polycarbonate Lenses | \$0 |
| High-Index Lenses: 1.67 1.74 | \$55 \$120 |
| Progressive Lenses: Standard Premium Ultra Ultimate | \$0 \$0 \$50 \$85 |
| Polarized Lenses | \$75 |
| Photochromic Lenses (i.e. Transitions®, etc.) ² Plastic Glass | \$65 \$0 |
| Digital Single Vision Lenses | \$30 |
| Blended Lenses | \$0 |
| Trivex Lenses | \$50 |
| Blue Light Filtering | \$15 |
| Additional Savings! | |
| Retinal Imaging | \$39 |

¹ The Davis Vision Collection is available at most participating independent provider locations. Collection is subject to change. Collection is inclusive of select toric and multifocal contacts.

² Transitions® is a registered trademark of Transitions Optical Inc.

³ Members and dependents who are diabetic should receive an annual eye examination. Routine eye examinations do not include professional services for contact lens evaluations. Any applicable fees above the evaluation and fitting allowance are the responsibility of the member. If contact lenses are selected and fitted, they may not be exchanged for eyeglasses. Progressive lenses: If you are unable to adapt to progressive addition lenses you have purchased, conventional bifocals will be supplied at no additional cost; however, your copayment is nonrefundable. May not be combined with other discounts or offers. Please be advised these lens options and copayments apply to in-network benefits.

⁴ The \$150 frame allowance does not apply to the Value Advantage Program.

Please note: Your provider reserves the right to not dispense materials until all applicable member costs, fees and copayments have been collected. Contact lenses: Routine eye examinations do not include professional services for contact lens evaluations. Any applicable fees above the evaluation and fitting allowance are the responsibility of the member. If contact lenses are selected and fitted, they may not be exchanged for eyeglasses. Progressive lenses: If you are unable to adapt to progressive addition lenses you have purchased, conventional bifocals will be supplied at no additional cost; however, your copayment is nonrefundable. May not be combined with other discounts or offers. Please be advised these lens options and copayments apply to in-network benefits.

Frequently Asked Questions

How can I contact Member Services?

Call 1.800.999.5431 for automated help 24/7. Live help is also available seven days a week: Monday-Friday, 8 a.m.-11 p.m. | Saturday, 9 a.m.-4 p.m. | Sunday, 12 p.m.-4 p.m. (Eastern Time). (TTY services: 1.800.523.2847.)

What frames are in Davis Vision's Collection?

Our Collection offers a great selection of fashionable and designer frames, most of which are covered in full. No wonder 8 out of 10 members select a Collection frame. Log on to our member Web site at davisvision.com and take a look!

When will I receive my eyewear?

Your eyewear will be delivered to your network provider generally within five business days of order receipt. Special prescriptions, lens coatings, provider frames or out-of-stock frames may delay the standard turnaround time.

Can I split my benefits?

All services must be obtained at one time from a network provider.

Can I use an out-of-network provider?

You may receive services from a provider not in the Davis Vision network under certain circumstances. Please contact your Teamsters Local 671 Health and Services and Insurance office for more information about out-of-network benefits.

Are there any exclusions to the vision benefits?

Your vision plan does not cover medical treatment of eye disease or injury; vision therapy; special lens designs or coatings, other than those described herein; replacement of lost eyewear; non-prescription (plano) lenses; contact lenses and eyeglasses in the same benefit cycle; services not performed by licensed personnel; two pair of eyeglasses in lieu of bifocals.

Visually Required Contact Lenses:

Visually required 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

Vision Care Processing Unit

P.O. Box 1525

Latham, NY 12110

You will be reimbursed up to \$225 for visually required contact lenses.

DAVIS VISION EXTRAS!

One Year Breakage Warranty Repair or replacement of your plan covered spectacle lenses, Collection frame or frame from a network retail location where the Collection is not displayed.

Additional Savings Members will receive 50% off of additional complete pairs of eyeglasses and sunglasses at Visionworks and 30% off at other participating providers on the same transaction. Otherwise, a 20% discount off the provider's usual and customary rate is available. Contact lenses are available at a 10% discount.

Mail Order Contact Lenses Replacement contacts (after initial benefit) through www.DavisVisionContacts.com mail-order service ensures easy, convenient, purchasing online and quick, direct shipping to your door. Log on to our member Web site for details.

Laser Vision Correction 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

The Value Advantage Program Active members and their spouses may purchase additional pairs of eyeglasses at significantly discounted costs through the Value Advantage program. For more information about the Value Advantage program, please call Davis Vision at 1-800-999-5431.

Eye Health & Wellness Log on and learn more about your eyes, health and wellness; common eye conditions that can impair vision; and what you can do to ensure healthy eyes and a healthier life.

For more details... about your vision benefits, patient rights and responsibilities, or more information about Davis Vision, please log on to our member Web site or contact us at 1.800.999.5431.

Davis Vision has made every effort to correctly summarize your vision plan features herein. In the event of a conflict between this information and your organization's contract with Davis Vision, the terms of the contract will prevail.

Fully insured product Underwritten by HM Life Insurance Company, HM Life Insurance Company of New York. Administered by Davis Vision, which may operate as Davis Vision Insurance Administrators in California.