

# Verizon Vision Care Plan for Verizon Associates



Please visit the Davis Vision website at [www.davisvision.com](http://www.davisvision.com)

or call at: **1-877-999-7006**

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## Vision Care Plan Benefit Description

This brochure provides highlights of the Verizon Vision Care Plan.

You automatically receive vision care coverage at no additional cost when you enroll in a Verizon medical option. For more information please refer to your summary plan description.

### 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 Verizon Associate or covered dependent.
- Provide the office with the associate's Social Security number and the date of birth of any covered children 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 who are extensively reviewed and credentialed to ensure that stringent standards for quality service are maintained. Please visit our website at [www.davisvision.com](http://www.davisvision.com) and utilize our "Find a Doctor" feature to access names and addresses of the network providers nearest you, or call **1-877-999-7006** to access the Interactive Voice Response (IVR) Unit.

### What lens types are included?

- Plastic or glass single vision, bifocal or trifocal lenses, in any prescription range.
- Oversize lenses.
- Post-cataract lenses.
- Fashion, sun or gradient tinted plastic lenses.
- Polycarbonate lenses.
- Photogrey Extra® (sun-sensitive) glass lenses.
- Polarized lenses.
- Blended invisible bifocals.
- Plastic photosensitive lenses.
- High-index (thinner and lighter) lenses.
- Progressive addition multifocal lenses.\*

\* Progressive addition multifocals can be worn by most people. Conventional bifocals will be supplied for anyone who is unable to adapt to progressive addition lenses.

### What lens coatings are included?

- Scratch-resistant coating.
- Ultraviolet (UV) coating.
- ARC (anti-reflective coating).

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## What are the plan benefits, frequencies and costs?

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**EYE EXAMINATIONS** ..... Every 12 months including dilation as professionally indicated.  
**In-Network** ..... \$25.00 copayment  
**Out-of-Network** ..... Up to \$25.00 reimbursement

**SPECTACLE LENSES** ..... Every 24 months  
**In-Network** ..... \$37.50 copayment  
**Out-of-Network** ..... Up to \$25.00 reimbursement

**FRAMES** ..... Every 24 months  
**In-Network** ..... \$37.50 copayment. The plan covers all Davis Collection frames, a line of frames available from participating providers with values up to \$200. However, if you choose from a provider's private selection, you pay any frame cost that exceeds the plan limit.  
**Out-of-Network** ..... Up to \$25.00 reimbursement

**CONTACT LENSES ELECTIVE** ..... Every 24 months  
**In-Network** ..... No copayment applies toward standard, soft, daily-wear, disposable\*\* or planned replacement contact lenses. Contact lenses may be selected in lieu of eyeglasses or a \$125.00 credit will be applied toward contact lenses from the provider's own supply, including applicable fitting fees and follow-up care. Your provider will give you specific copayment information for the type of lenses you require. Medically necessary contact lenses are covered in full (prior approval is required).  
**Out-of-Network** ..... Up to \$50.00 reimbursement  
**In addition, a one year unconditional breakage warranty is provided for all eyeglasses completely supplied by Davis Vision.**

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*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.*

*\*\* New (to the provider, or first-time) contact lens wearers will receive an initial supply (two multi-packs) of lenses, along with all necessary visits for proper fitting and recommended follow-up care. Existing contact lens wearers will receive four multi-packs of lenses.*

## When will I receive my eyewear?

Your eyeglasses will be sent to your provider from the laboratory generally within two to five business days. More delivery time may be needed when out-of-stock frames, ARC (anti-reflective coating), specialized prescriptions or non "Davis Collection" frames are 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**

To request claim forms, please visit the Davis Vision website at [www.davisvision.com](http://www.davisvision.com) or call **1-877-999-7006**.

## Information About:



- Free membership and access to a mail order replacement contact lens service, Lens 1-2-3®, providing a fast and convenient way to purchase replacement contact lenses at significant savings. For more information, please visit the Lens 123 website at [www.Lens123.com](http://www.Lens123.com) or call **1-800-LENS-123 (1-800-536-7123)**.

## Information about Laser Vision Correction Services:

Davis Vision is pleased to provide you and your eligible dependents with the opportunity to receive Laser Vision Correction Services at significant discounts through a network of experienced, credentialed surgeons (please note that some providers have flat fees equivalent to these discounts). For more information, please visit our website at [www.davisvision.com](http://www.davisvision.com) or call **1-877-999-7006**.

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## **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.
- Services not performed by licensed personnel.
- Contact lenses and spectacle lenses in the same twenty-four (24) month period.
- Two pairs of eyeglasses in lieu of a bifocal.

**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:**

- Speak with a Member Service Representative and ask any questions about your Vision Care benefits.
- Verify eligibility for yourself or your dependents.
- Access the Interactive Voice Response Unit which will provide network providers nearest you.
- Understand emergency care.
- Request an out-of-network provider reimbursement form.

## **Member Service Representatives are available:**

- Monday through Friday, 8:00 am to 8:00 pm, Eastern Time, and;
- Saturday, 9:00 am 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 our website at [www.davisvision.com](http://www.davisvision.com) or call **1-877-999-7006**.