



## Vision Care Plan Benefit Summary

Services	In-Network		Out-of-Network	
	Plan Pays	You Pay	Plan Pays	You Pay
<b>Eye Examinations</b> <ul style="list-style-type: none"> <li>• Every 12 months.</li> <li>• Including dilation as professionally indicated.</li> </ul>	Covered after copayment	\$10.00	Up to \$35.00	Any charge in excess of the allowed amount
<b>Spectacle Lenses</b> <ul style="list-style-type: none"> <li>• Every 12 months.</li> </ul>	Covered after copayment	\$15.00 for spectacle lenses and/or frames	<ul style="list-style-type: none"> <li>• Up to \$25.00 for single vision lenses</li> <li>• Up to \$40.00 for bifocals</li> <li>• Up to \$55.00 for trifocals</li> <li>• Up to \$80.00 for lenticulars</li> </ul>	Any charge in excess of the allowed amount
<b>Frames</b> <ul style="list-style-type: none"> <li>• Every 24 months.</li> <li>• Members may select dress eyewear or occupational eyewear (safety or VDT eyeglasses). You may choose from the Premier Selection of frames from “The Collection” available in most network provider offices. A \$110.00 credit, plus 20% off the overage will go toward any other frame at a participating provider office. When receiving services from a provider who does not have the collection (such as a participating retail center), a retail credit of equivalent value to the wholesale credit will be applied to your purchase.</li> </ul>	Covered after copayment	\$15.00 for spectacle lenses and/or frames	Up to \$35.00	Any charge in excess of the allowed amount
<b>Contact Lenses (Elective)</b> <ul style="list-style-type: none"> <li>• Every 12 months.</li> <li>• Contact lenses may be selected in lieu of eyeglasses. Your provider will give you specific copayment information for the type of lenses you require. A \$110.00 credit, plus 15% discount off the overage (which may or may not apply toward fitting/follow-up care fees) will be applied toward contact lenses from the provider’s own supply (such as gas permeable or toric). When receiving services from a participating retail center, the credit will be applied toward the purchase of contact lenses and fitting/follow up fees. Where required by state, the full credit may be applied toward contact lenses only. Medically necessary contact lenses are covered in full (prior approval is required).</li> </ul> <p>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. * Disposable contact lens wearers will receive four multi-packs of lenses. Planned replacement contact lens wearers will receive two multi-packs of lenses.</p>	Covered after copayment	\$0.00 for standard, soft, daily-wear contact lenses or disposable* planned replacement contact lenses	<ul style="list-style-type: none"> <li>• Up to \$110.00 for cosmetic contact lenses</li> <li>• Up to \$210.00 for medically necessary contact lenses</li> </ul>	Any charge in excess of the allowed amount

***If you are currently enrolled, please call Davis Vision at 1-800-999-5431***

***with questions or visit our website: [www.davisvision.com](http://www.davisvision.com).***

***If you are not currently enrolled, please call 1-877-923-2847***

***or visit Davis Vision’s website and enter client code 2267.***

**This Benefit Summary highlights some of the benefits available under your plan. A complete description regarding the terms of coverage and exclusions and limitations will be provided in your plan description.**

Albuquerque Public Schools is very pleased to provide this information about your vision care plan administered by Davis Vision, Inc., a leading national administrator of routine vision care programs. Eligibility for vision care benefits is determined by the same rules that apply to your other 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 an employee or covered dependent of Albuquerque Public Schools.
- Provide the office with the employee's ID 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 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, or you may access our website at [www.davisvision.com](http://www.davisvision.com) and utilize our "Find a Doctor" feature.

Davis Vision's extensive national network consists of thousands of independent optometrists, ophthalmologists, opticians and select national retail chains offering members both convenience and choice when selecting a provider. Members may select a provider based on the type of eye care professional, location or hours of availability.

The value of the vision care benefit is identical at all participating provider locations, though subtle distinctions may exist at some retail locations. Typically, participating retail locations will not display "The Collection" of frames, but will have a comparable selection in terms of quantity and styles that are available without any out-of-pocket expense to the member (other than applicable scheduled copayments). All frames at participating retail locations are provided according to the group specific non-plan frame allowance.

Similarly, the group specific non-plan contact lens allowance will be applied whenever eligible members choose to receive contact lenses through their benefit at a participating retail location. In all cases, members will receive the full value of their benefit allowance, although variations in state laws may necessitate slight distinctions. In some states, the contact lens allowance may be applied only towards the cost of contact lens materials, not professional fees. In those cases, the member may be responsible for payment of a contact lens fitting fee directly to the affiliated optometrist, then receive a greater quantity of contact lenses to exhaust the full retail allowance amount.

## What lenses/coatings are included?

- Plastic or glass single vision, bifocal or trifocal lenses, in any prescription range.
- Glass grey #3 prescription lenses.
- Oversize lenses.
- Post-cataract lenses.
- Fashion, sun or gradient tinted plastic lenses.
- Polycarbonate lenses for dependent children and monocular patients, and patients with prescriptions +/- 6.00 diopters or greater.

## Are there any optional lens types or coatings available?

Yes, you can pay the low, discounted fixed fees indicated and receive these exciting optional items:

- \$30.00 for polycarbonate lenses.
- \$30.00 for intermediate vision lenses.
- \$35.00 for standard brands of ARC (anti-reflective coating). Premium ARC is \$48.00. Ultra ARC is \$60.00.
- \$75.00 for polarized lenses.
- \$65.00 for plastic photosensitive lenses.
- \$55.00 for high-index (thinner and lighter) lenses.
- \$20.00 for blended invisible bifocals.
- \$12.00 for ultraviolet (UV) coating.
- \$20.00 for scratch-resistant coating.
- \$20.00 for Photogrey Extra® (photosensitive) glass lenses.
- \$50.00 for standard progressive addition multifocal lenses. Premium progressive addition multifocals are \$90.00.\*

*\* 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?

Your eyewear will be delivered 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 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**

To request claim forms, please visit the Davis Vision web site 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.

## Warranty Information

A one year unconditional breakage warranty is provided for all eyeglasses completely supplied by Davis Vision.

## More special features:



Free membership and access to a mail order replacement contact lens service, Lens 123, providing 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 Lens 123 website at [www.Lens123.com](http://www.Lens123.com).

## Information About Low Vision Services:

You and your covered dependents are entitled to a comprehensive low vision evaluation once every five years and low vision aids up to the plan maximum. Up to four follow-up care visits will be covered during the five year period.

## 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 providers 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.

## 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.
- Services not performed by licensed personnel.
- Contact lenses and eyeglasses in the same benefit cycle.
- 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 1-800-999-5431 to:

- Access the Interactive Voice Response Unit to locate network providers in your area who have "The Collection".
- Verify eligibility for yourself or a family member.
- Request an out-of-network provider reimbursement form.
- Speak with a Member Service Representative.
- Ask any questions about your Vision Care benefits.

Member Service Representatives are available:

- Monday through Friday, 6:00 am to 9:00 pm, Mountain Time, and;
- Saturday, 7:00 am to 2:00 pm Mountain Time.
- Sunday, 10:00 am to 2:00 pm Mountain 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 1-800-999-5431.