

Vision Care Plan Benefit Description

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



NEW MEXICO PUBLIC SCHOOLS
INSURANCE AUTHORITY

For information prior to enrolling visit Davis Vision's Website at: www.davisvision.com, or call 1-877-923-2847 (toll free) and enter client control code 7129.

Once enrolled, please visit Davis Vision's website: www.davisvision.com, or call 1-800-999-5431 with questions

New Mexico Public Schools Insurance Authority 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 a Davis Vision plan participant and a New Mexico Public Schools Insurance Authority member or covered dependent.
- Provide the office with the member'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 and utilize our "Find a Doctor" feature.

What are the plan benefits, frequencies and costs?

<input checked="" type="checkbox"/>	EYE EXAMINATIONS Every 12 months including dilation as professionally indicated.		
	In-Network Copayment		\$10.00
	Out-of-Network		Reimbursed up to \$35.00
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<input checked="" type="checkbox"/>	EYEGLASSES		
	Specatacle Lenses	Every 12 months	
	Frames	Every 24 months	
	In-Network Copayment		\$15.00 for spectacle lenses and/or frames. You may choose from the Premier selection of frames from the exclusive "Tower Collection" in most network provider offices. A \$40.00 wholesale allowance will be applied toward any other frame at a participating provider's 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 allowance will be applied to your purchase.
	Out-of-Network		Reimbursed up to \$35.00 for frames, up to \$25.00 for single vision lenses, up to \$40.00 for bifocals, up to \$55.00 for trifocals, up to \$80.00 for lenticular (post-cataract) lenses.
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<input checked="" type="checkbox"/>	CONTACT LENSES	Every 12 months	
	In-Network Copayment		None.
	Standard, soft, daily-wear; disposable* or planned replacement* plan contact lenses may be selected in lieu of eyeglasses. A \$110.00 allowance (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 allowance will be applied toward the purchase of contact lenses and fitting/follow-up fees. Where required by state law, the full allowance may be applied towards contact lenses only. Medically necessary contact lenses are covered in full (prior approval is required).		
	Out-of-Network		Reimbursed up to \$110.00 for cosmetic contact lenses; up to \$210.00 for medically necessary 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. Routine eye examinations may not include professional services for contact lens evaluations. Any applicable fees are the responsibility of the patient.

**Disposable contact lens wearers will receive four multi-packs of lenses. Planned replacement contact lens wearers will receive two multi-packs of lenses.*

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, 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.
- \$35.00 for standard brands of ARC (anti-reflective coating). Premium brands of ARC are \$48.00.
- \$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.
- \$30.00 for intermediate vision lenses.
- \$12.00 for ultraviolet (UV) coating.
- \$20.00 for scratch-resistant coating.
- \$20.00 for Photogrey Extra® (photosensitive) glass lenses.
- \$50.00 for standard brands of progressive addition multifocal lenses. Premium progressive addition multifocal brands 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 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 "Tower 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 or call 1-800-999-5431.

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.

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.

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 or call 1-800-584-2866, and enter client code 7129.

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.
- A one year unconditional breakage warranty is provided for all eyeglasses completely supplied through the Davis Vision collection.

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 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 exclusive "Tower Collection".
- Verify eligibility for yourself or a family member or print an Enrollment Confirmation from our website.
- 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,
- Saturday, 7:00 AM to 2:00 PM Mountain Time; and
- 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 or call 1-800-999-5431.
