Information about Laser Vision Correction Services:
Your benefit entitles you and your eligible dependents to Refractive Eye Surgery Benefits at reduced costs. A discount of up to 25% off fees for Refractive Eye Surgery may be available from participating network providers (please check with Davis Vision to confirm if the service type you intend to pursue is included in the discounted arrangement). Eligible services may also qualify for a reimbursement of up to $500 per eye, per eligible family member. Please note that if you file for and receive reimbursement under the Refractive Eye Surgery benefit, you will be ineligible for your material benefits (frame and spectacle lenses or contact lenses) for that calendar year and three (3) subsequent calendar years. Eye examinations are still covered during this time.
Regardless where Laser services are received, you are required to pay for all charges and submit to Davis Vision for reimbursement. Claims should be sent to:
Medical Services Unit
P.O. Box 1620
Latham, NY 12110

For more information, please visit Davis Vision’s website at 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 or to obtain a copy of Davis Vision’s Privacy Practices Notice, please visit Davis Vision’s website at: 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.

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 Website for details.

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.
- Services not performed by licensed personnel.
- Two pairs of eyeglasses in lieu of a bifocal.

For information prior to enrolling visit Davis Vision’s website at: www.davisvision.com, select the member option and enter client code 2782 or call 1.877.923.2847 (toll free).

Once enrolled, please visit Davis Vision’s website: www.davisvision.com, or call 1.800.999.5431 with questions.
International Union, UAW is pleased to provide this information about your vision care plan administered by Davis Vision, Inc., a leading national administrator of vision care programs. Eligibility for vision care benefits is determined by the same rules that apply to your 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 member and International Union, UAW employee or dependent.
• Provide the office with the employee ID number and the name and date of birth of any covered dependent needing services.

It’s that easy! The provider’s office will verify your eligibility for services, and claim forms or ID cards are not 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 1.800.351.2297 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?

**EYE EXAMINATIONS** ….. Every 12 months, including dilation as professionally indicated.
In-Network Copayment …………... $0
Out-of-Network ………….. Reimbursed up to $35

**EYEGLASSES** …......Every 12 months
In-Network Copayment …………... $0
You may choose any Fashion or Designer level frame from Davis Vision’s Frame Collection, covered in full. In addition to eyeglasses, you may select one pair of contact lenses. Any contact lenses from Davis Vision’s Contact Lens Collection will be covered in full per the number indicated below, and your evaluation, fitting and follow-up care will also be covered. Davis Vision Contact Lens Collection (includes evaluation, fitting, follow-up):
Disposable New Wearers……………Two boxes/multi-packs
Existing Wearers……………Four boxes/multi-packs
Planned Replacement……………Two boxes/multi-packs

**CONTACT LENSES** ………… Every 12 months
In-Network Copayment …………... $0 or $25
In addition to eyeglasses, you may select one pair of contact lenses. Any contact lenses from Davis Vision’s Contact Lens Collection will be covered in full per the number indicated below, and your evaluation, fitting and follow-up care will also be covered. Davis Vision Contact Lens Collection (includes evaluation, fitting, follow-up):
Disposable New Wearers……………Two boxes/multi-packs
Existing Wearers……………Four boxes/multi-packs
Planned Replacement……………Two boxes/multi-packs

1/ Number of contact lens boxes may vary based on manufacturer’s packaging.
2/ These lens options and copays apply to in-network benefits only.
3/ 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.

(CONTACT LENSES continued)
Out-of-Network …………..Reimbursed up to $90 for elective 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. The Davis Vision collection is available at most participating independent provider locations.

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 or call 1.800.351.2297.

May I use the benefit at different times?
To maintain continuity of care we recommend that all available services be obtained at one time from either a network or an out-of-network provider. Those who choose to receive both eyeglasses and contact lenses must do so at the same time as only one eye examination will be provided in any 12 month period.