Plan Benefit Vision Care Description

For members and dependents of

Healthplex Administered

Dental Plans

For information prior to enrolling visit Davis Vision's website at: www.davisvision.com, select the member option and enter client code 2313 or call 1.877.923.2847 (toll free)

www.davisvision.com, or call 1.800.999.5431 Once enrolled, please visit Davis Vision's website: with questions.





Member Discount Fee Schedule:*

\$30	Intermediate Vision Lenses
\$20	Blended Invisible Bifocals\$20
\$75	Polarized Lenses
\$55	High Index Lenses
\$30	Polycarbonate Lenses
81\$	Glass Lenses
\$125	Premium Progressive
\$75	Standard Progressive
	Lens Options (Add to spectacle lens prices above)**
\$110	Lenticular
\$65	Trifocal \$65
\$55	Bifocal
\$35	Single Vision
	Spectacle Lenses
\$40, plus 10% off the amount over \$70	Priced above \$70 retail\$40, plus 10% off the amount over \$70
\$40	Priced up to \$70 retail
	Frames
	Contact Lens Examination
	Routine Eye Examination with Dilation (Once Every 12 months)
Member Cost:	Eye Examinations

+ Or receive an additional 5% discount on any advertised specials --Please Note: Special lens designs, materials, powers and frames may require additional cost.

Other Ancillary Products/Solutions .. Non-Prescription Sunglasses. LENS123[®] Mail Order Contact Lens Replacement Program..

Other Products

Laser Vision Care Services...

..Up to 25% off Usual and Customary †

... 10% off Usual and Customary ... 20% off Usual and Customary 10% off Usual and Customary

.... up to 50% off Retail Prices

. 20% off Usual and Customary

\$12 \$65

€ S \$ 5 \$45 \$35

Disposable/Planned Replacement...

Conventional Contact Lenses **Plastic Photosensitive Lenses ...**

Gradient Tint.....

Solid Tint

Ultraviolet (UV) Coating Standard ARC (anti-reflective coating). Scratch-resistant Coating Photochromic Glass Lenses..

that are equivalent to these discounts whichever is lower. Please note that some providers have flat fees



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..

What are my services?

Through special arrangements, this plan provides discounts on an eye examination, eyewear, and contact lenses to members and their covered dependents once every 12 months. Please see the "Member Discount Fee Schedule" for pricing information.

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 and Healthplex
 Administered Dental Plan member or dependent.
- Provide the office with the member's ID number and the name and date of birth of any covered children 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 **1.800.999.5431** to access the Interactive Voice Response (IVR) Unit, which will supply you with the names and addresses of the network providers nearest you.

What if my usual provider does not participate in the Davis Vision network?

You may recommend your provider for participation by writing to:

Provider Recruitment Davis Vision 159 Express Street Plainview, NY 11803

Vision Care Plan Benefit Description

For members and dependents of

Healthplex Administered

Dental Plans

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Once enrolled, please visit Davis Vision's website: www.davisvision.com, or call **1.800.999.543 1** with questions.









Correction Services: Information about Laser Vision

available to you with the participating provider. For more special (please note that some providers have flat fees provider's normal charges, or 5% off any advertised Services at discounts of up to 25% off a participating with the opportunity to receive Laser Vision Correction Davis Vision provides you and your eligible dependents equivalent to these discounts). Please check the discount information, please visit us at www.davisvision.com or call 1.800.999.5431.

Mail Order Contact Lenses:



significant savings. For more information, please call 1.800 contact lens service, LENS123, provides a fast and LENS.123 (1.800.536.7123) or visit the LENS123 website convenient way to purchase replacement contact lensesat Free membership and access to a mail order replacement

at www.LENSi23.com.

Are there any exclusions?

vision program: The following items are not covered by this

- 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.

For more information, please visit Davis

www.davisvision.com or call Vision's website at

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
- Contact a Member Service Representative reimbursement form

are available: Member Service Representatives

- 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

calling 1.800.523.2847. a hearing or speech disability may access TTY services by Participants who use a TTY (Teletypewriter) because of

Plan Benefit Vision Care

Description

For members and dependents of

Healthplex Administered

For information prior to enrolling visit Davis Vision's website at: www.davisvision.com, select the member option and Dental Plans

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enter client code 2313 or call 1.877.923.2847 (toll free)

Your rights as a patient:

rights, including, but not limited to: Davis Vision recognizes that all patients have specific

- 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 nondiscrimination.
- The right to complain or appeal any decision.

Patients also have the responsibility

- To provide complete and accurate information
- To follow care instructions.

a Patient, please visit Davis Vision's website at: For a complete copy of Your Rights and Responsibilities as 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."

Administrators in California Davis Vision may operate as Davis Vision Insurance

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