



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

Rhode Island Carpenters' Health Fund

Vision Care Plan Benefit Description

Please call Davis Vision at 1-800-999-5431 with questions or visit our website: www.davisvision.com

Rhode Island Carpenters' Health Fund is pleased to provide you with this information about your vision care plan administered by Davis Vision, Inc., a leading national administrator of routine vision care programs. Your eye examination will still be covered annually through your medical insurance. 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 Rhode Island Carpenters' Health Fund member or covered dependent.
- Provide the office with the member's Identification 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 (covered through your medical insurance).
<input checked="" type="checkbox"/>	SPECTACLE LENSES	Every 24 months* Copayment
	none	
	In-Network	Covered
	Out-of-Network	Up to \$25.00 for single vision lenses, up to \$35.00 for bifocals, up to \$45.00 for trifocals.
<input checked="" type="checkbox"/>	FRAMES	Every 24 months*
	Copayment	none
	In-Network	Premier Selection
	from "The Collection" in most network provider offices or a \$30.00 credit toward a network provider's own frame.	
	Out-of-Network	Up to \$30.00
<input checked="" type="checkbox"/>	CONTACT LENSES	Every 24 months*
	Copayment	\$35.00
	In-Network	Standard, soft, daily-wear, disposable** or planned replacement contact lenses may be selected in lieu of eyeglasses or a \$75.00 credit will be applied toward contact lenses from the provider's own supply (may or may not apply toward fitting / follow-up care fees). Medically necessary contact lenses are covered in full with prior approval.
	Out-of-Network	Up to \$75.00 for cosmetic contact lenses; up to \$225.00 for medically necessary contact lenses with prior approval.

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.

* Every 12 months for dependent children through age 19 or through age 23 if full time student.

**Disposable contact lens wearers will receive a four multi-pack supply of lenses. Planned replacement contact lens wearers will receive a two multi-pack supply 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.
- Scratch-resistant coating.
- Polycarbonate lenses.
- Photogrey Extra® (sun-sensitive) glass lenses.
- Blended invisible bifocals.
- Ultraviolet (UV) coating.
- 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.*

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:

- \$35.00 for standard ARC (anti-reflective coating). Premium ARC is \$48.00. Ultra ARC is \$60.00.
- \$30.00 for intermediate vision lenses.
- \$75.00 for polarized lenses.
- \$65.00 for plastic photosensitive lenses.
- \$55.00 for high-index (thinner and lighter) 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 “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.

May I use the benefit at different times?

All available services must be obtained at one time from either a network or an out-of-network provider.

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 or call 1-800-999-5431.

More special features:



- 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 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 by Davis Vision.

Are there any exclusions?

The following items are not covered by this vision program:

- Eye examinations.
- 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.
- Contact lenses and eyeglasses in the same benefit cycle.

For more information, please visit Davis Vision's website at www.davisvision.com or call Davis Vision at 1-800-999-5431 to:

- Learn about the Davis Vision company.
- Access the Interactive Voice Response Unit which will provide network providers nearest you.
- Verify eligibility for yourself or your dependents.
- 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, 8:00 AM to 11:00 PM, Eastern Time,
- Saturday, 9:00 AM to 4:00 PM Eastern Time, and;
- 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*, please visit our website at: www.davisvision.com or call 1-800-999-5431.
