

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

## 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:**

- 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](http://www.davisvision.com) or call 1-800-999-5431.

## Vision Care Plan Benefit Description

*Sponsored by, and administered  
on behalf of the employees and dependents of*



## University of Michigan

*For information prior to enrolling visit Davis Vision's Website at: [www.davisvision.com](http://www.davisvision.com), select the Open Enrollment option or call 1-877-923-2847 and enter client control code 2032.*

*Once enrolled, please visit Davis Vision's website: [www.davisvision.com](http://www.davisvision.com), or call 1-800-999-5431 with questions.*



The University of Michigan 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 University of Michigan employee or covered dependent.
- 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.

### What are the plan benefits, frequencies and costs?

**EYE EXAMINATIONS** . . . . .Every January 1 including dilation as professionally indicated.  
**In-Network Copayment** . . . . . \$0  
**Out-of-Network** . . . . .Reimbursed up to \$30

**EYEGLASSES** . . . . . Every January 1  
**In-Network Copayment** . . . . . \$0  
You may choose from the Premier Selection of frames from the "The Collection" available in most network provider offices. A \$50 wholesale allowance will be applied toward a network provider's own frame.  
**Out-of-Network** . . . . .Reimbursed up to \$30 for a frame, up to \$25 for single vision lenses, up to \$35 for bifocals, up to \$45 for trifocals.

**CONTACT LENSES** . . . . . Every January 1  
**In-Network Copayment** . . . . . \$0  
Contact lenses may be selected in lieu of eyeglasses. Independent providers may select from a formulary of many popular spherical soft contact lens styles\*. For all other types, a \$105.00 allowance will be applied toward contact lenses from the provider's own supply (which may or may not apply toward fitting / follow-up care fees).  
**Out-of-Network** . . . . .Reimbursed up to \$75

*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. Standard daily wear soft lens users will receive one pair 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 diopters or greater.
- Ultraviolet (UV) coating.
- Scratch-resistant coating.
- Photogrey Extra® (photosensitive) glass lenses.
- Blended invisible bifocals.

### 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:

- \$33 for standard brands of ARC (anti-reflective coating). Premium ARC is \$48. Ultra ARC is \$60.
- \$30 for polycarbonate lenses (for adults).
- \$60 for polarized lenses.
- \$70 for plastic photosensitive lenses.
- \$55 for high-index (thinner and lighter) lenses.
- \$50 for standard and premium brands of progressive addition multifocal lenses.\*

*\* 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 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](http://www.davisvision.com) or call 1-800-999-5431.

### May I use the benefit at different times?

You may "split" your benefit by receiving your eye examination, frame and spectacle lenses or contact lenses at different time periods or provider locations, if desired. 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.

**Your provider reserves the right not to dispense materials until all applicable member costs, fees, and copayments have been collected.**