

## **HERE IS A SUMMARY OF YOUR NEW VISION BENEFIT PACKAGE**

**TEAMSTERS LOCAL 72 and the New York State Thruway Authority is pleased to offer you a vision plan administered by Davis Vision.**

### **WHAT ARE THE PLANS BENEFITS ?**

**Every 24 months, you and your eligible dependents are entitled to:**

**A routine eye examination, including dilation as professionally indicated: and ,**

**A complete pair of eyeglasses: and ,**

**Contact lenses (in lieu of eyeglasses).**

**Employees only may receive computer monitor eyewear, if necessary(in lieu of eyeglasses).**

### **WHO ARE THE NETWORK PROVIDERS ?**

**They are licensed provides 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 near you.**

### **HOW DO I RECEIVED SERVICES FROM A PROVIDER IN THE NETWORK ?**

**Call the network provider of your choice and schedule an appointment.**

**Identify yourself as an employee or dependent of the New York State Thruway Authority.**

**Provide the office with the employee's Social Security number and the year 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 .**

## WHAT TYPE OF EYEWEAR MAY I SELECT ?

**Any frame from the special Designer selection, (with equivalent retail values up to \$ 125.00), displayed on the "Tower Collection" in most network provider's offices. A \$14.00 credit will be applied toward the purchase of a frame from the provider's private selection.**

**Any spectacle lens type: many are included with no additional cost (see below).**

**Contact lenses, in lieu of eyeglasses; standard, soft, daily -wear, disposable or planned replacement types are available for most prescriptions with a copayment (see below). A \$ 40.00 credit will be applied toward other types of contact lenses including toric or gas permeable from the provider's private selection, fitting fees, and recommended follow-up care.**

*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.*

## WHAT ARE MY COSTS FOR SERVICES ?

**No copayment is required toward your eye examination, including dilation as professionally indicated.**

**No copayment is required toward many spectacle lenses.**

**No copayment is required toward Designer frame from the "Tower Collection". A complete benefit (including frame and lenses) from the**

**"Tower Collection" could have a comparable retail value up to \$ 225.00**

**No copayment or a \$ 20.00 copayment will be required toward standard, soft, daily-wear, disposable\* or planned replacement contact lenses.**

**Your provider will give you specific copayment information for the type of lenses you require.**

*\* New ( to the provider, or first time) contact lens wearers will receive an initial supply ( two multi packs) of lenses, along with all necessary visits for proper fitting and recommended follow-up care. Existing contact lens wearers will receive four multi-packs of lenses.*

## WHAT LENSES/COATING ARE INCLUDED ?

## **DRESS EYEWEAR**

**Plastic or glass single vision, bifocal or trifocal lenses, in any prescription range.**

**Glass grey # 3 prescription lenses.**

**Oversize lenses.**

**Post-cataract (lenticular) lenses.**

**Fashion, sun or gradient tinted plastic lenses.**

**Photogrey Extra (sun-sensitive) glass lenses.**

**Blended invisible bifocals.**

**Ultraviolet (UV) coating.**

**Polycarbonate lenses.**

**Transitions (sun-sensitive) plastic lenses.**

**Progressive addition multifocals. \*\***

**High index (thinner and lighter) lenses with a prescription of greater than +/- 4.00 diopters.**

*\*\* 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; however, the copayment (if any) will not be refunded.*

## **COMPUTER MONITOR EYEWEAR**

**Plastic or glass single vision, bifocal or trifocal lenses, in any prescription range.**

**Glass grey # 3 prescription lenses.**

**Oversize lenses.**

**Post-cataract (lenticular) lenses.**

**Fashion, sun or gradient tinted plastic lenses.**

**Photogrey Extra (sun sensitive) glass lenses.**

**Blended invisible bifocals.**

**Ultraviolet (UV) coating.**

**Polycarbonate lenses.**

**High index (thinner and lighter) lenses.**

#### **ARE THERE ANY OPTIONAL LENS TYPES OR COATING AVAILABLE?**

**Yes, you can pay the low, discounted fixed fees indicted and receive these exciting optional items:**

#### **DRESS EYEWEAR**

**\$ 35.00 for glare resistant treatment.**

**\$ 55.00 High index (thinner and lighter) lenses with a prescription of less than +/- 4.00 diopters.**

#### **COMPUTER MONITOR EYEWEAR**

**\$ 35.00 for glare resistant treatment.**

**\$ 65.00 for Transitions (sun sensitive) plastic lenses.**

**\$ 55.00 for High index (thinner and lighter) lenses with a prescription of less than +/- 4.00 diopters.**

#### **WARRANTY INFORMATION**

**A one year unconditional breakage warranty is provided for all employees completely supplied by Davis Vision.**

#### **WHEN WILL I RECEIVE MY EYEGLASSES ?**

**Your eyeglasses will be sent to your provider from the laboratory generally within two to five business days.**

**Additional delivery time may be required when out-of-stock frames, glare resistant treatment, 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 benefits 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.**

**Submit a claim for reimbursement to:**

**VISION CARE PROCESSING UNIT**

**P.O. BOX 1525**

**LATHAM, NY 12210**

**Services will be reimbursed up to the following schedule of maximums:**

**Eye examinations \$ 20.00**

**Single vision lenses \$ 16.00 (per pair)**

**Bifocal lenses \$ 23.00 (per pair)**

**Trifocals \$ 32.00 (per pair)**

**A frame \$ 16.00**

**Contact lenses \$ 40.00**

**To request claim forms, please 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 out-of-network provider.**

## **ARE THERE ANY EXCLUSIONS ?**

**The following items are not covered by the vision program:**

**Medical treatment of eye disease or injury.**

**Vision therapy.**

**Special lens designs or coating, 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 pair of eyeglasses in lieu of a bifocal.**

**NEED MORE INFORMATION ? PLEASE FEEL FREE TO VISIT OUR WEB  
SITE AT [DAVIS VISION](#)**

**OR CALL DAVIS VISION AT 1-800-999-5431**