

# New York State Vision Plan

Management Confidential (M/C), Participating Employer (PE) and Unrepresented



## Welcome to Davis Vision!

We are pleased to provide you with information on your vision benefit to help you care for your vision and eye health - a key part of overall health and wellness!

**Using your benefits is easy!** Visit New York State Department of Civil Service website at <https://www.cs.ny.gov>. On the Civil Service home page, select Benefit Programs, then select NYSHIP Online and if prompted, choose your group and plan. Then select Other Benefits and then Vision Benefits and follow the links to the Davis Vision website and click "Find a Provider," or call us at 1-888-588-4823.

**Make an appointment.** Tell your provider your benefit is administered by Davis Vision with coverage under the New York State Vision Plan. Provide your member ID number, name and date of birth, and do the same for your covered dependents seeking vision services. Your provider will take care of the rest!

## New York State Vision Plan Benefits

100% OF YOUR CALLS & CLAIMS ARE PROUDLY ADMINISTERED IN THE USA

| Benefit  | Frequency<br>Once every -                                       | In-network member cost                             | In-network Coverage  |
|--|---|--|--|
| <b>Eye Examination</b>                                       | 24 months (age 19 and over)<br>12 months (dependents to age 19) | \$0  | Covered in full for Standard and Occupational (Employee only).<br><i>Includes dilation when professionally indicated.</i>  |
| <b>Lenses</b>  | 24 months (age 19 and over)<br>12 months (dependents to age 19) | \$0  | Plastic or glass single vision, bifocal, trifocal or post cataract lenses.<br>Covered in full for Standard and Occupational (Employee only)<br>(See below for additional lens options and coatings.)   |
| <b>Frame</b>   | 24 months (age 19 and over)<br>12 months (dependents to age 19) | \$0 or 80% of balance over \$130                   | <b>Covered in Full Frames:</b><br>(Standard and Occupational - Employee Only)<br><br><b>OR, Frame Allowance:</b> \$130 toward any frame.   |
| <b>Contact Lens Evaluation, Fitting &amp; Follow Up Care</b> | 24 months (age 19 and over)<br>12 months (dependents to age 19) | \$0  | Covered in full for Standard.  |
| <b>Contact Lenses</b><br>(in lieu of frame and lenses)       | 24 months (age 19 and over)<br>12 months (dependents to age 19) | \$25 or \$45, plus 80% of balance over \$105/\$125 | <b>Covered in Full Contacts<sup>2/2</sup>:</b><br><br>Planned Replacement<br>Disposable<br><b>OR, Contact Lens Allowance:</b><br>From Davis Vision's Collection <sup>1</sup> , after \$25 copay for conventional lenses, after \$45 copay for disposable lenses, up to:<br>Two boxes/multi-packs<br>Four boxes/multi-packs<br>\$105 allowance toward any conventional contacts from provider's supply, \$125 allowance toward any disposable contact lenses, plus 20% off any balance. |

### Lens options and coatings!

|  | Member Cost           |
|--|-----------------------|
| Tinting of Plastic Lenses <sup>3</sup> .....   | \$0                   |
| Oversize Lenses <sup>3</sup> .....   | \$0                   |
| Scratch-Resistant Coating <sup>3</sup> .....   | \$0                   |
| Ultraviolet Coating <sup>3</sup> .....   | \$0                   |
| Anti-Reflective Coating: Standard <sup>3</sup>   Premium <sup>3</sup>   Ultra <sup>3</sup> ..... | \$.35   \$.48   \$.60 |
| Polycarbonate Lenses <sup>3</sup> .....  | \$0                   |
| High-Index Lenses <sup>3</sup> .....   | \$50                  |
| Progressive Lenses: Standard <sup>3</sup>   Premium <sup>3</sup> .....                           | \$0   \$0             |
| Polarized Lenses .....   | \$60                  |
| Photosensitive Lenses; Plastic   Glass .....   | \$50   \$0            |
| Intermediate-Vision Lenses <sup>3</sup> .....  | \$30                  |
| Blended Segment Lenses <sup>3</sup> .....  | \$0                   |

<sup>1</sup> The Davis Vision Collection is available at all participating retail providers and most participating independent providers.

<sup>2</sup> Including, but not limited to toric, multifocal and gas permeable contact lenses.

<sup>3</sup> These options are available under the Occupational benefit.

Please note: Your provider reserves the right to not dispense materials until all applicable member costs, fees and copayments have been collected. Contact lenses: Routine eye examinations do not include professional services for contact lens evaluations. If contact lenses are selected and fitted, they may not be exchanged for eyeglasses. Progressive lenses: If you are unable to adapt to progressive addition lenses you have purchased, conventional bifocals will be supplied at no additional cost. May not be combined with other discounts or offers. Please be advised these lens options and copayments apply to in-network benefits.

## Frequently Asked Questions

### How can I contact Member Services?

Call 1-888-588-4823 for automated help 24/7. Live help is also available seven days a week: Monday-Friday, 8 a.m.-11 p.m. | Saturday, 9 a.m.-4 p.m. | Sunday, 12 p.m.-4 p.m. (Eastern Time).  
(TTY services: 1-800-523-2847.)

### What frames are in Davis Vision's Collection?

Our Collection offers a selection of fashionable designer frames, which are covered in full. Visit New York State Department of Civil Service website at <https://www.cs.ny.gov>. On the Civil Service home page, select Benefit Programs, then select NYSHIP Online and if prompted, choose your group and plan. Then select Other Benefits and then Vision Benefits and follow the links to the Davis Vision website. The Davis Vision Collection is available at all participating retail providers and most participating independent providers.

### How to access Student Verification Form?

Members can access the Student Verification Form by visiting the New York State Department of Civil Service website at <https://www.cs.ny.gov>. On the Civil Service home page, select Benefit Programs, then select NYSHIP Online and if prompted, choose your group and plan. Then select Other Benefits and then Vision Benefits and follow the links to the Davis Vision website and access under Benefits and Forms or by referring to your Vision Plan Booklet. Student verification is required for all dependent children age 19 and over, unless permanently disabled.

### When will I receive my eyewear?

Your eyewear will be delivered to your network provider within approximately seven calendar days of order receipt. Special prescriptions, lens coatings, provider frames or out-of-stock frames may delay the standard turnaround time.

### Do I need a claim form?

Claim forms are only required if you visit an out-of-network provider. Claim forms are available by visiting the New York State Department of Civil Service website at <https://www.cs.ny.gov>. On the Civil Service home page, select Benefit Programs, then select NYSHIP Online and if prompted, choose your group and plan. Then select Other Benefits and then Vision Benefits and follow the links to the Davis Vision website and access under Benefits and Forms.

### Can I split my benefits?

You must select eyewear within 90 days of receiving an eye examination from a participating provider. Otherwise, your eyewear benefit will not be available until you are eligible for your next eye exam.

### Can I use an out-of-network provider?

Yes; however, you receive the greatest value by staying in-network. If you go out-of-network, pay the provider at the time of service, then submit a claim to Davis Vision for reimbursement, up to the following amounts: eye exam - \$20 | single vision lenses - \$22 | bifocal - \$30 | trifocal - \$40 | cataract lenses - \$35 | cataract bifocals - \$35 | frame - \$22 | elective contacts - \$40 | cataract contacts - \$40 | exam & contact lenses - \$60

### Are there any exclusions to the vision benefits?

Your vision plan does not cover medical treatment of eye disease or injury; vision therapy; special lens designs or coatings, other than those described herein; replacement of lost eyewear; non-prescription (plano) lenses; contact lenses and eyeglasses in the same benefit cycle; services not performed by licensed personnel; two pair of eyeglasses in lieu of bifocals.

## ADDITIONAL BENEFITS!

**One Year Breakage Warranty** Repair or replacement of your plan covered lenses and Collection frame.

**Medical Exception Program** Under the Medical Exception Program, enrollees and covered dependents with a medical condition that may impact vision refraction, when referred by the physician caring for that medical condition, are eligible for an eye examination once every 12 months.

**For more details...** about your vision benefits, patient rights and responsibilities, or more information about Davis Vision, visit the New York State Department of Civil Service website at <https://www.cs.ny.gov>. On the Civil Service home page, select Benefit Programs, then select NYSHIP Online and if prompted, choose your group and plan. Then select Other Benefits and then Vision Benefits and follow the links to the Davis Vision website or contact us at 1-888-588-4823.

**Occupational Benefits** Occupational eyeglasses can be provided in addition to regular eyeglasses but are available to employees only – dependents are not eligible for this benefit. The occupational vision benefit is available only through a participating provider and in conjunction with your regular vision benefit once in any 24-month period. Sun-sensitive and polarized lens options are not available for occupational eyeglasses.

*Davis Vision has made every effort to correctly summarize your vision plan features herein. In the event of a conflict between this information and your organization's contract with Davis Vision, the terms of the contract will prevail.*