



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.

New York State Unified Court System

Vision Care Plan Benefit Description

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

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Healthy Lives

Vision Care Plan Benefit Description

2

The New York State Unified Court System is very 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. 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 New York State Unified Court System member or covered dependent.
- Provide the office with the member's Identification 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 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 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.

Are there any optional frames, lens types or coatings available for my Dress and VDT eyeglasses?

You can pay the low, discounted fixed fees indicated and receive these exciting optional items:

Option	Dress	VDT
Designer frames	\$ 0.00	\$15.00
Premier frames	\$ 0.00	\$35.00
Polycarbonate lenses	\$ 0.00	\$30.00
SuperShield® (scratch-protective) lens coating	\$ 0.00	\$20.00
Photogrey Extra® (sun-sensitive) glass lenses	\$ 0.00	\$20.00
Ultraviolet (UV) coating	\$ 0.00	\$12.00
ARC (anti-reflective coat)		
Single Vision	\$35.00	\$35.00
Multifocal	\$48.00	\$48.00
Transitions® (sun-sensitive) plastic lenses	\$65.00	\$65.00
High-index (thinner and lighter) lenses	\$55.00	\$55.00
Progressive addition lenses†		
Standard	\$ 0.00	\$50.00
Premium	\$40.00	\$90.00
Polaroid Lenses	\$75.00	\$75.00
Blended invisible bifocals	\$ 0.00	\$20.00

† 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.

Sight is Priceless

What are the plan benefits, frequencies and costs? 3

EYE EXAMINATIONS Every 12 months including dilation as professionally indicated.
Copayment None
In-Network Covered
Out-of-Network See ** Below

SPECTACLE LENSES Every 12 months
Copayment None
In-Network Covered
Out-of-Network See ** Below

FRAMES Every 12 months
Copayment None
In-Network Premier Selection from the exclusive "Tower Collection" in network provider offices or a \$55.00 wholesale credit toward a network provider's own frame.
Out-of-Network See ** Below

CONTACT LENSES ELECTIVE Every 12 months
Copayment None
In-Network Standard, soft, daily-wear, disposable*** or planned replacement contact lenses may be selected in lieu of eyeglasses or a \$105.00 credit toward contact lenses from the provider's own supply. Your provider will give you specific copayment information for the type of lenses you require. Medically necessary contact lenses are covered in full (prior approval is required).
Out-of-Network See ** Below

VDT BENEFIT (MEMBERS ONLY)
VDT Eye Examination, Frame and Lenses Every 12 months, including dilation as professionally indicated.
Copayment None
In-Network Fashion Selection from the exclusive "Tower Collection" in network provider offices or a \$30.00 retail allowance toward a network provider's own frame.

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.

*** The first \$25.00 of covered expenses are paid in full, then 80% of the remaining covered expenses will be paid, up to a maximum of \$150.00 per person per benefit cycle (annual - based on date of service).*

**** 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.*

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 "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 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?

You may "split" your benefits by receiving your eye examination and materials at different time periods or provider locations, if desired. Continuity of care will best be maintained when all available services are obtained at one time from either a network or an out-of-network provider.



s... Preserve It.

Information about Laser Vision Correction Services:

4

Davis Vision is pleased to provide you and your eligible dependents with the opportunity to receive Laser Vision Correction Services at significant discounts through a network of experienced, credentialed surgeons (please note that some providers have flat fees equivalent to these discounts). For more information, please visit our website 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:

- 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 spectacle lenses 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 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.
 - Understand emergency care.
 - 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 8:00 PM, Eastern Time, and;
 - Saturday, 9:00 AM 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.

Healthy Eyes...