

# Vision Plan



**DavisVision**<sup>®</sup>  
by  **VersantHealth**<sup>®</sup>

Endorsed By:  
**MEMBER  
BENEFITS**  
**wysut**  
Working to Benefit You

The NYSUT Member Benefits Trust-endorsed voluntary Vision Plan provided by Davis Vision ensures that NYSUT members and their families are able to obtain proper eye care.



This plan is a version of the endorsed group vision plan that NYSUT local associations, benefit funds and employers have participated in over the years.

Plan participants receive the maximum benefits from this plan by using an “in-network” provider. Davis Vision participating providers are highly-qualified optometrists. Participants are encouraged to review participating providers, which include all Empire Visionworks or Davis Visionworks stores, before enrolling in the plan.

This voluntary plan has a plan year that runs from January 1 through December 31. Participants can enroll during the plan year; however, the premium will be the full annual amount and participants will have the balance of the plan year to use the benefits.

Each year, a participant may receive a complete eye exam, including glaucoma testing and dilation when professionally indicated, and one pair of eyeglasses (lenses and frames). Empire Visionworks and Davis Visionworks stores also provide a second pair of eyewear at a 50% discount while independent locations provide a 30% discount -- if the purchase is part of the same transaction.

The plan offers more than 220 frames and a comprehensive lens package that includes standard progressive addition lenses, scratch-resistant and ultraviolet coatings. A contact lens benefit may be used in lieu of frames/lenses.



Most members will walk out of a participating provider's office with an eye-care package that retails anywhere from \$300 to \$500 for each covered individual.

## SUMMARY OF BENEFITS

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

### EYE EXAMINATIONS

Covered, including dilation as professionally indicated.

**In-Network Co-Payment**..... \$0

**Out-of-Network**... Reimbursed up to \$10

### EYEGLASSES

**In-Network Co-Payment**..... \$0

**Out-of-Network** ... Reimbursed up to \$35  
for spectacle lenses and frames

### Value-added features include:

-- A frame allowance that can be applied to any frame or choose a no-cost frame from the Davis Vision Exclusive Collection.

-- The basic lenses package includes plastic or glass, oversize, single vision, bifocal, trifocal, lenticular, polycarbonate for children, or fashion tint.

## CONTACT LENSES

**In-Network Co-Payment**.....\$0

In lieu of eyeglasses, you may select contact lenses. Any contact lenses from Davis Vision's Premiere Contact Lens Collection will be covered in full per the number indicated below, and your evaluation, fitting and follow-up care will also be covered.

### **Davis Vision Contact Lens Collection**

(includes evaluation, fitting & follow-up):

**Disposable** ..... 8 boxes/multi-packs

**Planned Replacement** ..... 4 boxes/multi-packs

**Disposable:**\* (includes eight boxes)

2-Week Wear - ACUVUE® 2, ACUVUE OASYS®, ACUVUE OASYS® for Astigmatism, ACUVUE OASIS® for Presbyopia (Vistakon®), Biomedics® 55 Premiere, Biomedics® Toric (CooperVision).

Daily Wear - ClearSight™ 1-Day

(CooperVision®), 1-Day ACUVUE® MOIST® (Vistakon®).

**Planned Replacement:**\* (includes four boxes)

Biofinity® (Cooper Vision®), Frequency Aspheric (Cooper Vision®)

*\*Collection subject to change.*

**Members selecting contact lenses from the Collection will have the contact lens examination, evaluation, fitting, and follow-up care covered.**

If you are ordering non-Collection contact lenses, a non-plan allowance of \$50 is provided toward materials, fitting and follow-up care at a participating provider's office. Charges in excess of \$50 are discounted by 15%. A separate fitting fee will apply for retail contact lenses that is also discounted by 15%.

Visually necessary contact lenses will be covered

up to \$350 with **prior approval**.

**Out-of-Network**..... Reimbursed up to \$35 for elective contact lenses, up to \$350 for visually 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. The Davis Vision collection is available at most participating independent provider locations.*

**Are there any optional frames, lens types or coatings available?<sup>1</sup>**

**What lenses/coatings are included?<sup>1</sup>**

- Plastic or glass single vision, bifocal or trifocal lenses, in any prescription range
- Glass grey #3 prescription lenses
- Oversized lenses
- Tinting of plastic lenses
- Polycarbonate lenses for children
- Scratch-resistant coating
- Glass photochromic lenses
- Blended invisible bifocals
- Ultraviolet (UV) coating
- Intermediate-vision lenses
- Standard progressive addition multifocal lenses

Yes, you can pay the discounted, fixed fees indicated and receive these optional items:

- \$10 for a Premier frame from the “Collection”
- \$30 for polycarbonate lenses for adults
- \$35 for standard brands of ARC (anti-reflective coating). Premium ARC is \$48. Ultra ARC is \$60. Ultimate ARC is \$85.

- \$55 for high-index (thinner and lighter) lenses
- \$65 for plastic photosensitive lenses
- \$75 for polarized lenses
- \$90 for premium progressive addition multifocal lenses<sup>2</sup>
- \$140 for ultra-progressive addition multifocal lenses<sup>2</sup>
- \$15 for blue light filtering lenses

<sup>1</sup> *These lens options and co-pays apply to in-network benefits only.*

<sup>2</sup> *Progressive addition multifocals can be worn by most people. Conventional bifocals will be supplied at no additional cost for anyone unable to adapt to progressive addition lenses; however, the co-payment will not be refunded.*

**Davis Vision Providers:** Eligible members will receive the maximum benefit from the Vision Care Plan when utilizing an in-network provider. A list of in-network providers is available at ***davisvision.com*** or by calling Davis Vision Customer Service toll-free at **877-923-2847 (use control code 4482)**.

### **How do I receive services from a network provider?**

- Call the network provider of your choice and schedule an appointment.
- Identify yourself as a Davis Vision member and/or NYSUT member or dependent.
- Provide the office with your NYSUT ID number (on your NYSUT membership card) and the name and date of birth of any covered dependent needing services.
- Online purchasing options for glasses and contacts are available at ***glasses.com*** and ***1800contacts.com***.

**It's that easy! The provider's office will verify your eligibility for services, and NO claim forms are required!**

The plan costs \$190 per year for individual coverage and \$390 per year for family coverage. Payment can be made by credit card, check or money order made payable to: **NYSUT Member Benefits Trust**. Pension Deduction is also available as a payment option for retirees only.

If you have any questions about this plan, please contact Davis Vision toll-free at **877-923-2847** (use client control number 4482) or Member Benefits at **800-626-8101**.

*Davis Vision is a unionized company and its employees are represented by the United Optical Workers, Local #408, IUE/CWA, AFL-CIO.*

# If you choose Pension Deduction as your payment option:

- Do ***not*** enclose any payment with your Enrollment Form.
- Download, print, fill out and return the Pension Deduction Authorization Form found on the Member Benefits website: <https://memberbenefits.nysut.org/about/payroll-and-pension-deduction/pension-advantage>.
- The Plan expiration date is December 31. *Plan renewal is **automatic***. Your pension deduction for this Plan shall remain in effect until revoked by your written authorization submitted to the NYSUT Member Benefits Trust.
- If you cancel your Plan before the annual fee has been satisfied and have already used vision services, you will be billed for the balance of the annual fee due. You will not be allowed to re-enroll in the Plan if any such balance due exists.



## Voluntary Vision Care Enrollment Form (please print in ink) (over)

Name (Last, First, Middle Initial) \_\_\_\_\_ NYSUT ID Number \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Please Indicate Coverage Type:  **Individual (\$190/year)**  **Family (\$390/year)** (Plan year runs from January 1 to December 31)

Enclosed is payment for the fee indicated above; please make checks payable to **NYSUT Member Benefits Trust**.

Enclose no payment and include the Pension Deduction Authorization Form available at ***memberbenefits.nysut.org***.

Please charge the fee indicated above to my:  American Express  Discover  MasterCard  VISA

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

**Note:** If you are electing family coverage, please list on the back of this form the names of spouse/domestic partner and/or children under 26 years of age. Adult children are covered to the end of the calendar year in which the child attains age 26. Unmarried children 26 years of age or older, who are incapable of self-support because of mental or physical disability, are covered provided that the disability began before the age of 26.

## Voluntary Vision Care Enrollment Form (please print in ink)

(over)

First Name	MI	Last Name (if different)	Relationship	Date of Birth
			<input type="checkbox"/> Spouse/Domestic Partner <input type="checkbox"/> Child	
			<input type="checkbox"/> Child	
			<input type="checkbox"/> Child	
			<input type="checkbox"/> Child	
			<input type="checkbox"/> Child	
			<input type="checkbox"/> Child	
			<input type="checkbox"/> Child	

**Note:** Any members who defraud or attempt to defraud the NYSUT Member Benefits Trust-endorsed Voluntary Vision Plan or who knowingly give false or misleading information are subject to a penalty, which may include suspension of eligibility for all Plan benefits. Members are responsible for notifying the Plan Office of any changes in marital or dependent age status by contacting the NYSUT Member Benefits Trust.

Signature (I certify that this information is true and correct) \_\_\_\_\_ Date \_\_\_\_\_

Please send check and form to NYSUT Member Benefits Trust, Attn: Voluntary Vision Plan – 800 Troy-Schenectady Road, Latham, NY 12110-2455



The Davis Vision Voluntary Vision Plan is a NYSUT Member Benefits Trust (Member Benefits)-endorsed program. Member Benefits has an endorsement arrangement of 8.5% of premium. All such payments to Member Benefits are used solely to defray the costs of administering its various programs and, where appropriate, to enhance them. Member Benefits acts as your advocate; please contact Member Benefits at 800-626-8101 if you experience a problem with any endorsed program.

1 Transition is a registered trademark of Transitions Optical Inc.

**Davis Vision Customer Service**  
**877-923-2847**  
**Use Control Code 4482**

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