

**Nassau Health Care Corporation** is pleased to provide this information about your vision care plan administered by Davis Vision, Inc., a leading national administrator of vision care programs. Eligibility for vision care benefits is determined by the same rules that apply to your health care benefits.

**How do I receive services from a provider in the network?**

- Request a vision care voucher by calling our Interactive Voice Response, at 1-800-999-5431.
- When you receive your voucher, call the network provider of your choice and schedule an appointment.
- Identify yourself as a Davis Vision and Nassau Health Care Corporation employee or dependent.
- Provide the office with the member ID number and the name and date of birth of any covered dependent\* needing services.

\* Note: Dependent children are covered for vision benefits up to age 25 if enrolled as a full time student. Proof of student status must be sent to Davis Vision.

It's that easy! Present your voucher. No ID cards are required.

**Who are the network providers?**

They are licensed providers in both private practice and retail locations who are extensively reviewed and credentialed to ensure that stringent standards for quality service are maintained. Please access Davis Vision's website at [www.davisvision.com](http://www.davisvision.com) and utilize the "Find a Doctor" feature, or 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.



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

**EYE EXAMINATIONS** ..... Every 24 months,\*\* including dilation as professionally indicated.

In-Network Copayment.....\$0  
Out-of-Network ..... Reimbursed up to \$16

**EYEGLASSES** .....Every 24 months\*\*

In-Network Copayment.....\$0  
You may choose any Fashion, Designer or Premier level frame from Davis Vision's Frame Collection, covered in full. Or, if you select another frame in the network provider's office, a \$11 credit will be applied. This credit would also apply at retail locations that do not carry the Frame Collection. Members are responsible for the amount over \$11 (less the applicable discount). For more information on lenses, please see "What lenses/coatings are included?"

Out-of-Network ..... Reimbursed up to \$11 for frames, up to \$14 for single vision lenses, up to \$23 for bifocals, up to \$32 for trifocal lenses.

**CONTACT LENSES** .....Every 24 months\*\*

In-Network Copayment .....\$25

In lieu of eyeglasses, you may select contact lenses. Any contact lenses from Davis Vision's 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):

Standard, Hard, Daily Wear ..... One pair of lenses

In lieu of the Davis Vision contact lenses, members may use their \$60 credit to go toward the provider's own supply of contact lenses, evaluation, fitting and follow-up care. This credit would also apply towards all contact lenses received at participating retail locations.

\*\* Every 24 months members are entitled to an eye examination, and two (2) complete pairs of eyeglasses, or contact lens benefit and one pair of single vision eyeglasses, plus one pair of VDT eyeglasses (prior enrollment is required) at a participating provider. When out-of-network, only one (1) pair is available for reimbursement.

Every 24 months eligible dependents are entitled to an eye exam, and one complete pair of eyeglasses or contact lenses (in lieu of eyeglasses).

**(CONTACT LENSES continued)**

Out-of-Network ..... Reimbursed up to \$60 for elective contact lenses.

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 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.
- Tinting of plastic lenses.
- Polycarbonate lenses.
- Scratch-resistant coating.
- Glass photochromic lenses.
- Ultraviolet (UV) coating.
- Blended invisible bifocals.
- Standard and premium progressive addition multifocal lenses.\*\*\*

**Are VDT eyeglasses covered?**

Employees who have enrolled in the VDT plan may select one pair of eyeglasses for use with their Video Display Terminal every twenty-four (24) months in conjunction with their regular (dress) eyewear in network only. Please contact your Personnel office for information on enrolling for VDT benefits.

\*\* These lens options and copays apply to in-network benefits only.

\*\*\* 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?**

Generally, your eyewear will be delivered to your provider from the laboratory within five business days. More delivery time may be needed when out-of-stock frames, anti-reflective coating, specialized prescriptions or a participating provider's frame is 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**

Only one claim per service may be submitted for reimbursement each benefit cycle. 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?**

All available services must be received at one time. Services may not be received at both a participating and non-participating provider, or at different times. VDT eyewear must be received at a network provider.



