



Vision Care Plan Benefit Description

Sponsored by, and administered on behalf of the employees and dependents of



MASSACHUSETTS GENERAL HOSPITAL



SPAULDING REHABILITATION HOSPITAL NETWORK

Effective 1-1-06

For information prior to your effective date, call 1-877-923-2847 (toll free) or visit Davis Vision's website at: www.davisvision.com and enter client code 7360

After your effective date, please call Davis Vision at 1-800-999-5431 with questions or visit Davis Vision's website: www.davisvision.com

Partners HealthCare System, Inc., Massachusetts General Hospital, Partners Home Care, and Spaulding Rehabilitation Hospital are 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 Davis Vision plan participant and a PHS, MGH, PHC, or SRH employee or covered dependent.
- Provide the office with the employee's Identification number and the 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 are the plan benefits, frequencies and costs?

| | | |
|-------------------------------------|-----------------------------------|--|
| <input checked="" type="checkbox"/> | EYE EXAMINATIONS | Every 12 months including dilation as professionally indicated. |
| | In-Network Copayment | \$10.00 |
| | Out-of-Network | Reimbursed up to \$16.00 |
| <input checked="" type="checkbox"/> | SPECTACLE LENSES | Every 12 months |
| | In-Network Copayment | None |
| | Out-of-Network | Reimbursed up to \$14.00 for single vision lenses, up to \$23.00 for bifocals, up to \$32.00 for trifocals. |
| <input checked="" type="checkbox"/> | FRAMES | Every 12 months |
| | In-Network Copayment | No copayment applies toward the Fashion and Designer Selection from the "The Collection" available in most network provider offices. A \$45.00 wholesale credit will be applied toward a network provider's own frame. |
| | Out-of-Network | Reimbursed up to \$14.00 |

CONTACT LENSES Every 12 months
In-Network Copayment You may select contact lenses in lieu of eyeglasses. If your provider recommends Davis Vision plan supplied standard, soft, daily-wear, disposable* or planned replacement contact lenses, you will be responsible for a \$25.00 or \$45.00 copayment. Your provider will advise you of the specific copayment that is required, depending on the type of lenses you require. A \$125.00 credit will be applied toward the cost of contact lenses from the provider's own supply, and any charges in excess will be the patient's responsibility. *Please note: Colored contacts will not be covered.*

Out-of-Network Reimbursed up to \$45.00

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. Routine eye examinations may not include professional services for contact lens evaluations. Any applicable fees are the responsibility of the patients.

** 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/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.
- Polycarbonate lenses for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.
- Photogrey Extra® (photosensitive) glass lenses.
- Ultraviolet (UV) coating.
- Blended invisible bifocals.

Are there any optional frames, lens types or coatings available?

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

- \$10.00 for a Premier frame from "The Collection".
- \$10.00 for polycarbonate lenses.
- \$30.00 for intermediate vision lenses.
- \$20.00 for scratch-resistant coating.
- \$10.00 for ARC (anti-reflective coating).
- \$75.00 for polarized lenses.
- \$30.00 for plastic photosensitive lenses.
- \$30.00 for high-index (thinner and lighter) lenses.
- \$10.00 for standard and premium brands of progressive addition multifocal lenses.**

*** 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?

Your eyewear will be delivered 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 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 or call 1-800-999-5431.

May I use the benefit at different times?

To maintain continuity of care, we recommend that all services be obtained at one time from either a network or an out-of-network provider. If desired, you may "split" your benefits by receiving your eye examination and materials at different times or from different provider locations.

Information about Laser Vision Correction Services:

Davis Vision is pleased to provide you and your eligible dependents with a \$500 per eye lifetime maximum benefit towards laser vision correction services. In addition, you will receive significant discounts through the Davis Vision 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 1-800-584-2866, and enter client code 7360.

More special features:



- Free membership and access to a mail order replacement contact lens service, Lens 123, 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.
- Two pairs of eyeglasses in lieu of a bifocal.
- Contact lenses for cosmetic purposes.
- Contact lenses and eyeglasses in the same benefit cycle.

For more information, please visit Davis Vision's website at www.davisvision.com or call Davis Vision at 1-800-999-5431 to:

- Access the Interactive Voice Response Unit which will provide network providers nearest you.
- Verify eligibility for yourself or a family member.
- Request an out-of-network provider reimbursement form.
- 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**.

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.