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## SECTION G



### VISION CARE BENEFITS

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## G. VISION CARE BENEFITS

### ELIGIBILITY



Members and their dependents are eligible for Vision Care Benefits by virtue of their satisfying the eligibility and enrollment requirements as outlined in the "Fund Eligibility and Membership" section of this booklet.

### BENEFIT YEAR

The Vision Care Benefit year runs from January 1<sup>st</sup> through December 31<sup>st</sup>.

### BENEFIT OPTIONS

There are two options for obtaining Fund vision care benefits:

- ***In-Network Preferred Provider Option (PPO)***: You utilize one of the Fund's PPO vision care providers for full service benefits, paid in full directly by the Fund to the provider and without incurring any out-of-pocket expense on your part for most services.
- ***Out-of-Network Indemnity Option***: You select and directly pay the provider of your choice, file a claim with the Fund's Vision Care Administrator, and you are reimbursed up to the scheduled limits. The maximum benefit is \$150 per covered person, per benefit year.

**Once selected, only one of the above options (PPO or Indemnity) may be used for all services within a benefit year. (All in-network benefits must be obtained during a single visit.) However, individuals within a family unit may select different options.**

**Important:** Please refer to the section on "Specific Details of Your Vision Care Benefit Options" (see page G.2) for complete information on the PPO Option and Indemnity Option.

### SCHEDULE OF BENEFITS

#### Covered Charges

Covered charges are the usual and customary charges for the services and supplies recommended and made by a legally qualified ophthalmologist, optometrist or optician during the benefit entitlement year. Covered charges include:

- **Eye Examinations:** One eye examination, including a Dilated Fundus Evaluation (DFE) when professionally indicated, is covered each benefit year, per covered individual.
- **Lenses** (including contact lenses and prescription sunglasses): One pair of glass or plastic lenses (or conventional or disposable contact lenses) is covered each benefit year, per covered individual. However, if there is a prescription change or accidental breakage during the benefit year, the spectacle lenses (not contact lenses) may be replaced (under the Indemnity Option only) with reimbursement limited to the unused portion of the current benefit year maximum payment. If there is an accidental breakage of PPO spectacles, lenses and plan frames will be covered under the PPO Options warranty provisions for up to one year.
- **Frames:**  
Under the Preferred Provider Option (PPO): One pair of eligible frames is covered per person, per benefit year.  
Under the Indemnity Option: Charges for one pair of frames, per covered person, are covered once every two consecutive benefit years, except for children under age 14 who are covered for one pair of frames every benefit year.

Note: You will not be covered for frames in the same benefit year that coverage for contact lenses has been provided by the Vision Care Plan.

### CHARGES NOT COVERED

The following charges are not covered under the Vision Care Program:

- Services or supplies that are not provided by a licensed and qualified ophthalmologist, optometrist or optician.
- Sunglasses or other spectacle lenses that do not require a prescription.
- Expenses incurred due to an injury or sickness connected with any employment, or for services which are compensated under Workers' Compensation or similar legislation.
- Repair or replacement of damaged frames or spectacle lenses except under the PPO Option's warranty provisions or under the accidental breakage allowance of the Indemnity Option. (See "Schedule of Benefits," page G . 1.)



- Replacement of lost lenses or frames, or replacement of scratched lenses not covered by the PPO Option's warranty provisions.
- Services or supplies for which the covered person incurred no expense.
- For frames in the same benefit year that coverage for contact lenses has been provided by the Vision Care Plan.

## SPECIFIC DETAILS OF YOUR VISION CARE BENEFIT OPTIONS

### *Indemnity Option*

The Indemnity Option reimburses eligible members and dependents 100% of the first \$25 in eligible vision care expenses and 80% of additional eligible expenses, with a maximum benefit of \$150 per person per benefit year. Coverage includes one eye examination and lenses each benefit year and frames once every two benefit years (except for children under age 14 who are covered for one pair of frames every benefit year). Members receive reimbursement under the Indemnity Option as follows:

- Select any qualified provider and pay the provider directly for services rendered.
- The provider and the member should complete the appropriate sections of the Vision Care Direct Reimbursement Claim Form, which should then be mailed to:

DAVIS VISION  
VISION CARE CLAIMS  
P.O. Box 1525  
Latham, N.Y. 12110

- Members are then reimbursed by mail for vision care expenses according to plan guidelines.
- Members may only submit one claim for each covered person during a single benefit year to receive the maximum out-of-network reimbursement amount. (Reimbursement for one pair of frames is every other January 1<sup>st</sup>.)

### *PPO Option*

The Preferred Provider Option (PPO Option) is designed to provide eligible members and dependents with comprehensive services while maximizing value through reduction or elimination of out-of-pocket expenses. Listed below are key features of this option:

- Paid-in-full annual benefit for an eye examination, lenses and frames.
- No annual deductible.
- No fixed co-payments for selected high cost services. (See "Partially Paid Benefits" on Page G . 3.)
- 1300 optometrists and ophthalmologists currently participate in the PPO panel.

### *Paid-In-Full Benefits (PPO Option):*

#### **- Eye Exam**

- One eye examination, including a Dilated Fundus Evaluation when professionally indicated, is covered in full at a PPO provider.

#### **- Lenses**

- Lenses available through the PPO Option at no out-of-pocket member cost include:
  - All prescription ranges in glass or plastic lenses, including prescription sunglasses
  - Polycarbonate lenses
  - Single vision, bifocal, trifocal and cataract lenses.
  - Blended Bifocals
  - Progressive addition (no-line) multifocals
  - Oversized lenses (larger than standard size) for larger frame styles
  - Fashion and gradient tints (available for plastic lenses only)
  - Photochromic (glass) or photosensitive (plastic) transitions (lenses that darken when exposed to the ultra-violet rays of the sun)
  - High-Index lenses (thinner and lighter lenses)
  - Polarized lenses
  - UV coating



- Reflection-free coating (Anti-Reflective Coating)
- Scratch-resistant coating

#### **- Frames**

The Fund offers a selection of approximately 275 frames of both metal and plastic construction. This collection includes selected designer frames from Davis Vision's (the Plan Administrator's) exclusive "Premier Collection." Selecting frames from the Davis Vision Premier Collection results in maximum value as:

- No co-payment is required, and
- Unconditional one-year warranty against breakage is provided.

#### **Partially Paid Benefits (PPO Option):**

##### **- Contact Lenses**

Fund members and eligible dependents can obtain daily wear contact lenses, as well as certain disposable or frequent replacement contact lenses at no cost.

In the case of non-plan contact lenses, the Fund provides an allowance of \$94 towards purchase. The member is responsible for paying the remaining amount to the provider.

##### **- Non-Plan Lenses and Frames**

Under the PPO Option, in the case of expenses for non-plan contact lenses, special lens designs and special designer frames, the Fund pays a specific allowance beyond which the member is responsible for full payment directly to the PPO Provider without reimbursement from the Fund.

#### **Procedure for Obtaining PPO Vision Care Services:**

The Fund uses a "paperless" voucher system; no paper claim forms or vouchers are needed when utilizing vision care services from a Fund PPO provider. Just follow these steps to obtain your benefits:

1. Select a provider from the Fund's Vision Care PPO Directory, which is available from your Agency Personnel Office, the Fund Office, or by calling Davis Vision's toll-free number at 1-800-999-5431 to find a provider near you.

OR

Visit the Fund's Web site at <http://nyc.gov/html/olr> or visit [www.davisvision.com](http://www.davisvision.com).

2. Make an appointment with the PPO provider of your choice and identify yourself as a Management Benefits Fund member. (Verification of Fund and benefit usage eligibility will be conducted directly between the provider you have selected and Davis Vision.)
3. Go to your scheduled appointment, receive your examination and select your eyewear.
4. Pick up your eyewear when it is ready, and sign a Service Record Form verifying your receipt of services and supplies. You do not have to pay the provider unless you select services or materials that are not covered by the plan or require a co-payment.

**Note:** All covered services (eye examination and eyewear) provided by a PPO provider must be scheduled as a single visit. The Fund will not, for example, pay for an eye examination on July 1, and eyeglasses on October 1 of the same benefit year under the PPO Option.

#### **CONTACT LENS MAIL-ORDER PROGRAM**

All members of the Fund and their eligible dependents are eligible to participate in a mail-order contact lens program, which offers savings on all contact lenses and solutions. The toll-free telephone number to place an order is: 1-800-LENS-123. You may also visit the Web site at [www.lens123.com](http://www.lens123.com). You should know the brand and type of contact lenses you wear to receive a price quote. To purchase the lenses, you will be advised to mail or fax your prescription. Membership in this program is free, as long as you remain an eligible member/dependent of the Management Benefits Fund.



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## LASER VISION CORRECTION SERVICES

Through a network of surgeons, members and their eligible dependents can have access to laser vision correction services at savings of up to 25% off the selected provider's usual and customary fee or receive an additional 5% discount on any provider's advertised specials, whichever is less.

For more information regarding this benefit, or to receive information regarding providers in your area, please visit the Davis Vision Web site at:

www.davisvision.com  
select "Laser Vision Correction"  
and enter client code #7187

or you may call the Davis Vision Interactive Voice Response System, 24 hours a day, at 1-800-584-2866 and enter client code #7187. The member service hours are Monday – Friday from 8:00 a.m. to 8:00 p.m. and Saturday from 9:00 a.m. to 4:00 p.m. Eastern Time.

## COBRA OPTIONAL COVERAGE

If coverage of a member or his/her dependent ends, that person has the right to continue coverage under the federal law known as the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). Notice of each person's rights under this option will be provided by the member's employing agency. Any person who has questions on COBRA optional continuance should contact his/her Agency personnel officer or the Fund Office.

## CLAIMS ADMINISTRATOR

The Claims Administrator for the Fund's Vision Care Program is Davis Vision, 159 Express Street, Plainview, N.Y. 11803.

*Please note that the Management Benefits Fund does not endorse or guarantee any of the vision care services covered by the Vision Care Program and does not endorse or guarantee any of the providers offering those services. You should exercise independent judgment in screening and selecting an appropriate service provider. Your decision to receive services and your selection of a particular provider are solely your responsibility.*

