

Vision Care Plan Benefit Description

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

UAW-GM

For additional information, visit Davis Vision's Web site at www.davisvision.com
 or call 1-888-672-8393 (If prior to enrollment enter client control code 7200)

UAW-GM 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 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 eligible for UAW-GM Vision Coverage under the Davis Vision plan.
- Provide the office with the employee's or retiree's identification number (which may be your Social Security 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 service, 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. For the names and addresses of the network providers nearest you, please call **1-888-672-8393** to access the Interactive Voice Response (IVR) Unit or visit our Web site at www.davisvision.com and utilize our "Find a Doctor" feature.

What about retail locations?

In order to provide our members with the greatest amount of flexibility and convenience, Davis Vision makes available a number of retail establishments to our provider network. Benefits at retail locations may vary slightly from other locations, as noted in this benefit description. However, your value is comparable.

What are the plan benefits, frequencies and costs?

<input checked="" type="checkbox"/>	EYE EXAMINATIONS	Every calendar year, (includes dilation when professionally indicated).
	In-Network Copayment	None
	Out-of-Network¹	
	Optometrist	up to \$37.00
	OphthalmologistR & C less \$7.00 copayment

<input checked="" type="checkbox"/>	EYEGASSES ²	
	Frames	Every other calendar year
	Spectacle Lenses	Every calendar year
	In-Network Copayment:	None
	You may choose from the Fashion selection of frames in "The Collection" (available in most network provider offices), or choose any frame with a retail cost of \$80.00 or less from a network provider's private frame selection, at no cost. If you select a Designer or Premier frame from "The Collection", or a network provider's frame with a retail cost over \$80.00, additional charges will apply.	
	Out-of-Network¹	Reimbursed up to \$24.00
	for a frame, up to \$30.00 for single vision lenses, up to \$50.00 for bifocals or trifocals, or up to \$90.00 for lenticular (post-cataract) lenses. (lens reimbursements are per pair)	

<input checked="" type="checkbox"/>	CONTACT LENSES ²	Every calendar year
	In-Network Copayment	None
	You may select contact lenses in lieu of spectacle lenses. An \$80.00 credit will be applied toward contact lenses from the provider's own supplier, professional fees for fitting, and recommended follow-up care. A \$170.00 credit will be applied toward medically necessary contact lenses (prior approval is required).	
	Out-of-Network¹	Reimbursed up to \$65.00 for elective contact lenses; up to \$170.00 for medically necessary 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. Routine eye examinations do not include professional services for contact lens evaluations. Any applicable fees are the responsibility of the patient.

¹ Schedule for employees living within 25 miles of a network provider. This schedule may change from time to time.

² If the Refractive Surgery benefit is utilized, material benefits will be exhausted for four (4) consecutive calendar years.

What lenses/coatings are included?

- Plastic or glass single vision, bifocal or trifocal lenses, in any prescription range.
- Glass grey #3 prescription lenses.
- Post-cataract lenses.
- Oversize lenses.
- Fashion, sun or gradient tinted plastic lenses.
- Polycarbonate lenses for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.

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:

- \$20.00 for a Designer frame from “The Collection”.
- \$40.00 for a Premier frame from “The Collection”.
- \$35.00 for polycarbonate lenses.
- \$40.00 for standard ARC (anti-reflective coating). Premium ARC is \$55.00. Ultra ARC is \$69.00.
- \$75.00 for polarized lenses.
- \$70.00 for plastic photosensitive lenses.
- \$60.00 for high-index (thinner and lighter) lenses.
- \$20.00 for scratch-resistant coating.
- \$20.00 for Photogrey Extra® (photosensitive) glass lenses.
- \$20.00 for blended invisible bifocals.
- \$30.00 for intermediate vision lenses.
- \$15.00 for ultraviolet (UV) coating.
- \$65.00 for standard progressive addition multifocal lenses. Premium progressive addition multifocals are \$105.00.³

³ Progressive addition multifocals can be worn by most people. Conventional bifocals will be supplied at no additional cost for patients unable to adapt to progressive addition lenses; however, the indicated fixed fee will not be refunded.

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.

When will I receive my eyewear?

Your eyewear will be sent from the laboratory to your provider 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 “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

Only one claim per service may be submitted for reimbursement each benefit cycle. To request claim forms, please visit the Davis Vision Web site at www.davisvision.com or call **1-888-672-8393**.

Employees living more than 25 miles from a network provider:

Reimbursement will be provided based on reasonable and customary (R & C) fees. A \$7.00 copayment for an eye examination and \$10.00 material copayment for frames, lenses or the combined receipt of a frame and lenses will be applied against your maximum reimbursement. The maximum frame and elective contact lens reimbursements are \$24.00 and \$80.00, respectively. Claim forms are available by calling **1-888-672-8393**.

Information about Laser Vision Correction:

Your benefit entitles you and your eligible dependents to Refractive Eye Surgery Benefits at reduced costs. A discount of up to 25% off fees for Refractive Eye Surgery may be available from participating network providers (please check with Davis Vision to confirm if the service type you intend to pursue is included in the discounted arrangement). Eligible services may also qualify for a reimbursement of up to \$295.00 per eligible family member.

Please note that if you file for and receive reimbursement under the Refractive Eye Surgery benefit, you will be ineligible for your material benefits (frame and spectacle lenses or contact lenses) for that calendar year and three (3) subsequent calendar years. Eye examinations are still covered during this time.

For more information or to locate network providers, please visit our Web site at www.davisvision.com or call **1-888-672-8393**.

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 1-2-3[®] Web site 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.
- Routine and Refractive services in the same calendar year.
- Contact lenses and spectacle lenses during the same calendar year.

For more information, please visit Davis Vision's Web site at www.davisvision.com or call Davis Vision at 1-888-672-8393 to:

- Learn about the Davis Vision company.
- Find the network provider locations nearest you.
- Verify eligibility for yourself or your dependents.
- Print an Enrollment Confirmation from our Web site.
- Request an out-of-network provider reimbursement form.

Member Service Representatives are available:

- Monday through Friday, 8:00 AM to 11:00 PM, Eastern Time,
- Saturday, 9:00 AM to 4:00 PM, Eastern Time, and;
- Sunday, 12:00 PM 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 health care 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 Web site at: www.davisvision.com or call **1-888-672-8393**.
