



Vision Care Plan Benefit Description

Commonwealth of Pennsylvania State Police

For information visit Davis Vision's Website at: www.davisvision.com, or call 1-888-235-3251 (toll free) and enter client control code 2145.

We 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.

What are the plan frequencies?

Eye examinations, eyeglass lenses or contact lenses are covered once every 12 months for children under the age of 19 and once every 24 months for adults 19 years of age and older. Eyeglass frames are covered once every 24 months for all members.

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 1-888-235-3251 to access the Interactive Voice Response 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.

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 Commonwealth of Pennsylvania State Police member or covered family member.
- Provide the office with the member's ID number located on your Davis Vision ID card 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 services, and no claim forms are required!

What are the plan allowances?

In network, the eye examination is covered in full, and you will receive the allowances below toward the receipt of materials.

In-Network Vision Allowance Schedule:

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|---------------------------------------|-----------------|
| • Eye examination | Covered in Full |
| • Single vision lenses* | \$22 (per pair) |
| • Bifocal lenses* | \$36 (per pair) |
| • Trifocal lenses* | \$57 (per pair) |
| • Lenticular lenses* | \$80 (per pair) |
| • Frame | \$30 |
| • Cosmetic contact lenses* | \$52 |
| • Medically necessary contact lenses* | \$150 |

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.

**Contact lenses and spectacle lenses are eligible only when one of the following conditions have been met. (1) There is a change of at least .50 diopter of sphere power in one eye. (2) There is a change of at least .50 diopter of sphere combined between the two eyes. (3) There is an increase in one line of snellen acuity (distance or reduced near) from the old Rx to the new Rx.*

What are my costs for services?

- In network, no copayment is required toward your eye examination, including dilation as professionally indicated.
- You will be responsible for any amount above the plan allowances for materials.

What about out-of-network provider benefits?

You may receive services from an out-of-network provider.

If you choose an out-of-network provider, you must:

- Pay the provider directly for all charges
- Submit a claim for reimbursement to:

**Vision Care Processing Unit
P.O. Box 1525
Latham, NY 12110**

Services will be reimbursed up to the following schedule of maximums:

- Eye examination \$45
- Single vision lenses* \$22 (per pair)
- Bifocal lenses* \$36 (per pair)
- Trifocal lenses* \$57 (per pair)
- Lenticular lenses* \$80 (per pair)
- Frame \$30
- Cosmetic contact lenses* \$52
- Medically necessary contact lenses* \$150

Claim forms may be obtained by visiting www.davisvision.com or by calling **1-888-235-3251**.

May I use the benefit at different times?

You may "split" your benefits by receiving your eye examination, frame and spectacle lenses or contact lenses on different dates or through different provider locations, if desired. Continuity of care will best be maintained when all available services are obtained at one time from either a network or an out-of-network provider.

More Special Features:



Free membership and access to Lens 123, a mail order replacement contact lens service 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)**.

Information about Laser Vision Correction Services:

Davis Vision provides you and your eligible dependents with the opportunity to receive Laser Vision Correction Services at discounts of up to 25% off a participating providers normal charges, or 5% off any advertised special (please note that some providers have flat fees equivalent to these discounts). Please check the discount available to you with the participating provider. For more information, please visit us at www.davisvision.com or call 1-888-235-3251.

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.
 - Services not performed by licensed personnel.
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Need more information? Please feel free to visit our website at www.davisvision.com or call Davis Vision at 1-888-235-3251 to:

- Locate a network provider in your area.
- Verify eligibility for yourself or a family member.
- Request an out-of-network provider reimbursement claim 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 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**.

This information is a summary of the vision benefits. Please refer to your benefits handbook for additional information regarding your vision benefit. Should the information in this summary differ from the information contained in the contract, the terms of the contract shall govern.
