



**Sandia  
National  
Laboratories**

## *Vision Care Plan Benefit Description*

**Sponsored by, and administered on behalf of  
the members and eligible dependents of  
Sandia National Laboratories**



For additional information, please visit Davis Vision's  
Web site at [www.davisvision.com](http://www.davisvision.com) or  
call 1-888-575-0191

When visiting the web prior to enrollment please  
enter control code **7310**

Sandia National Laboratories is very 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?**

- Call the network provider of your choice and schedule an appointment.
- Identify yourself as a Davis Vision plan participant and a Sandia National Laboratories member or dependent.
- Provide the office with the member's Davis Vision issued ID number and the name and date of birth of any covered dependent needing services.

It's that easy! The provider's office will verify your eligibility for services, and claim forms are not 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 **1-888-575-0191** to access the Interactive Voice Response (IVR) Unit, which will supply you with the names and addresses of the network providers nearest you.

### **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?\***

**EYE EXAMINATIONS** ..... Every 12 months, including dilation as professionally indicated.  
**In-Network Copayment** ..... \$20.00  
**Out-of-Network** ..... Reimbursed up to \$30.00

**EYEGASSES**  
Spectacle Lenses ..... Every 12 months  
Frame ..... Every 24 months  
**In-Network Copayment**  
Frame ..... None  
Spectacle lenses ..... \$25.00

You may choose from the Designer selection of frames from "The Collection" in most network provider offices.

**In-Network Frame Allowance** ..... Up to \$90.00

The allowance, plus a 20% discount on any overage will be applied toward a network provider's (private practitioners or retail location's) own frame. If you choose a frame with a price that exceeds the credit, you will be responsible for any balance. For more information on lenses, please see "What lenses/coatings are included?"

**Out-of-Network** ..... Reimbursed up to \$40.00 for frames, up to \$30.00 for single vision lenses, up to \$50.00 for bifocals, up to \$60.00 for trifocals, or up to \$80.00 for lenticular (post-cataract) lenses.

- CONTACT LENSES** .....Every 12 months
- In-Network Allowance (used at one time)** ..... Up to \$100.00
- The allowance, plus a 15% discount on any overage will be applied toward contact lenses from the provider's (private practitioners or retail location<sup>1</sup>) own supply.
- Out-of-Network** .....Reimbursed up to \$80.00 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. Routine eye examinations do not include professional services for contact lens evaluations. Any applicable fees are the responsibility of the patient.*

*1 Additional discount does not apply at participating Wal-Mart locations.*

### **What lenses/coatings are included?**

- Plastic or glass single vision, bifocal or trifocal lenses, in any prescription range.
- Lenticular (post-cataract) lenses.
- Oversize lenses.
- Fashion, sun or gradient tinted lenses.
- Polycarbonate lenses for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.
- Glass-Grey #3 Prescription Sunglasses.

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

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

- \$25.00 for Premier frames from “The Collection”.
- \$20.00 for scratch-resistant coating.
- \$12.00 for ultraviolet coating.
- \$35.00 for standard ARC (anti-reflective coating). Premium ARC is \$48.00. Ultra ARC is \$60.00.
- \$30.00 for intermediate vision lenses.
- \$20.00 for blended segment lenses.
- \$55.00 for high-index (thinner and lighter) lenses.
- \$75.00 for polarized lenses.
- \$20.00 for Photogrey Extra® (photosensitive) glass lenses.
- \$65.00 for plastic photosensitive lenses.
- \$50.00 for Standard progressive addition lenses. \$90.00 for Premium progressive addition lenses. <sup>+</sup>
- \$30.00 for Polycarbonate lenses.

<sup>+</sup> *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 is not refundable.*

*\*Your provider reserves the right not to dispense materials until all applicable member costs, fees, and copayments have been collected.*

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## When will I receive my in-network 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 can 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 1-888-575-0191.

## May I use the benefit at different times?

You may "split" your benefits by receiving your eye examination and eyeglasses (or contact lenses) on different dates or through different provider locations, if desired. However, complete eyeglasses or contact lenses allowance supply must be obtained at one time, from one provider.

## 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](http://www.davisvision.com) or call 1-888-575-0191.

## Warranty Information:

- A one year unconditional breakage warranty is provided for all eyeglasses completely supplied through the Davis Vision collection.

## 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](http://www.Lens123.com).

## 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.
- Contact lenses and eyeglass lenses in the same benefit cycle.
- Services not performed by licensed personnel.
- Two pairs of eyeglasses in lieu of a bifocal.

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**For more information, please visit Davis Vision's website at [www.davisvision.com](http://www.davisvision.com) or call Davis Vision at 1-888-575-0191 to:**

- Learn about the Davis Vision company.
- Find participating providers and where to access "The Collection" (which can also be viewed on-line).
- Verify eligibility for yourself or your dependents.
- Print an enrollment confirmation from our website.
- 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, 6:00 AM to 9:00 PM, Mountain Time,
- Saturday, 7:00 AM to 2:00 PM Mountain Time, and;
- Sunday, 10:00 PM to 2:00 PM Mountain 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 Davis Vision's website at: **[www.davisvision.com](http://www.davisvision.com)** or call 1-888-575-0191.