

NYSUT Member Benefits

Biennial Services (every March 1)



As requested, we are pleased to provide you with information on your vision benefit to help you care for your vision and eye health – a key part of overall health and wellness!

Using your benefits is easy! Just log on to our Member site at davisvision.com and click "Find a Provider," or call us at 1.800.999.5431.

Make an appointment. Tell your provider you are a Davis Vision member with coverage through NYSUT Member Benefits. Provide your member ID number, name and date of birth, and do the same for your covered dependents seeking vision services. Your provider will take care of the rest!

Your Davis Vision Designer Gold Plan Benefits

100% OF YOUR CALLS & CLAIMS ARE PROUDLY ADMINISTERED IN THE USA

Benefit	Frequency Once every -	In-network Copay	In-network Coverage
Eye Examination	other March 1	\$0	Covered in full. Includes dilation when professionally indicated.
Spectacle Lenses	other March 1	\$0	Clear plastic lenses in any single vision, bifocal, trifocal or lenticular prescription. Covered in full. (See below for additional lens options and coatings.)
Frame	other March 1	\$0	<p>Covered in Full Frames: Any Fashion or Designer level frame from Davis Vision's Collection¹ (retail value, up to \$160).</p> <p>OR, Frame Allowance: \$130 toward any frame from provider plus 20% off any balance. No copay required.</p>
Contact Lens Evaluation, Fitting & Follow Up Care	other March 1	\$0	<p>Davis Vision Collection Contacts: Covered in full.</p> <p>Standard, Soft Contacts: 15% discount</p> <p>Specialty Contacts²: 15% discount</p>
Contact Lenses (in lieu of eyeglasses)	other March 1	\$0	<p>Covered in Full Contacts: From Davis Vision's Collection¹, up to: Planned Replacement Four boxes/multi-packs* Disposable Eight boxes/multi-packs*</p> <p>OR, Contact Lens Allowance: \$130 allowance toward any contacts from provider's supply plus 15% off balance. No copay required.</p> <p>OR, Visually Required Contacts: Covered up to \$350 with prior approval.</p>

*Number of contact lens boxes may vary based on manufacturer's packaging.

Please Note: Dependent coverage is available if family coverage was purchased. Dependents are your spouse/domestic partner and children up to age 26.

Significant savings on optional frames, lens types and coatings!	Member Price
Davis Vision Collection Frames: Fashion Designer Premier	\$0 \$0 \$20
Tinting of Plastic Lenses.....	\$0
Oversize Lenses.....	\$0
Scratch-Resistant Coating.....	\$0
Premium Scratch-Resistant Coating	\$30
Ultraviolet Coating	\$0
Anti-Reflective Coating: Standard Premium Ultra Ultimate	\$35 \$48 \$60 \$85
Polycarbonate Lenses	\$0
High-Index Lenses: 1.67 1.74.....	\$55 \$120
Progressive Lenses: Standard Premium Ultra Ultimate	\$0 \$40 \$90 \$125
Polarized Lenses	\$75
Photochromic Lenses (i.e. Transitions®, etc.) ³ Plastic Glass	\$65 \$0
Digital Single Vision Lenses	\$0
Blended Lenses.....	\$0
Trivex Lenses	\$50
Blue Light Filtering.....	\$15
Additional Savings!	
Retinal Imaging.....	\$39

¹ The Davis Vision Collection is available at most participating independent provider locations. Collection is subject to change. Collection is inclusive of select toric and multifocal contacts.

² Including, but not limited to toric, multifocal and gas permeable contact lenses.

³ Transitions® is a registered trademark of Transitions Optical Inc.

Please note: Your provider reserves the right to not dispense materials until all applicable member costs, fees and copayments have been collected. Contact lenses: Routine eye examinations do not include professional services for contact lens evaluations. Any applicable fees above the evaluation and fitting allowance are the responsibility of the member. If contact lenses are selected and fitted, they may not be exchanged for eyeglasses. Progressive lenses: If you are unable to adapt to progressive addition lenses you have purchased, conventional bifocals will be supplied at no additional cost; however, your copayment is nonrefundable. May not be combined with other discounts or offers. Please be advised these lens options and copayments apply to in-network benefits.

* covered children are eligible every 12 months

Frequently Asked Questions

How can I contact Member Services?

Call 1.800.999.5431 for automated help 24/7. Live help is also available seven days a week: Monday-Friday, 8 a.m.-11 p.m. | Saturday, 9 a.m.-4 p.m. | Sunday, 12 p.m.-4 p.m. (Eastern Time). (TTY services: 1.800.523.2017.)

What frames are in Davis Vision's Collection?

Our Collection offers a great selection of fashionable and designer frames, most of which are covered in full. No wonder 8 out of 10 members select a Collection frame. Log on to our member Web site at davisvision.com and take a look!

When will I receive my eyewear?

Your eyewear will be delivered to your network provider generally within five business days of order receipt. Special prescriptions, lens coatings, provider frames or out-of-stock frames may delay the standard turnaround time.

Do I need a claim form?

Claim forms are only required if you visit an out-of-network provider. Claim forms are available on our member Web site.

Can I split my benefits?

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 must be obtained at one time from one provider. 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. To maximize your benefit value, we recommend that all services be obtained from a network provider.

Can I use an out-of-network provider?

Yes; however, you receive the greatest value by staying in-network. If you go out-of-network, pay the provider at the time of service, then submit a claim to Davis Vision for reimbursement, up to the following amounts: eye exam - \$10 | spectacle lenses and frame - \$35 | elective contacts - \$35 | visually required contacts - \$350.

Are there any exclusions to the vision benefits?

Your vision plan does not cover medical treatment of eye disease or injury; vision therapy; special lens designs or coatings, other than those described herein; replacement of lost eyewear; non-prescription (plano) lenses; contact lenses and eyeglasses in the same benefit cycle; services not performed by licensed personnel; two pair of eyeglasses in lieu of bifocals.

For more details... about your vision benefits, patient rights and responsibilities about Davis Vision or to obtain a copy of Davis Vision's Privacy Practices Notice, please log on to our member Web site or contact us at 1.800.999.5431.

DAVIS VISION EXTRAS!

One Year Breakage Warranty Repair or replacement of your plan covered spectacle lenses, Collection frame or frame from a network retail location where the Collection is not displayed.

Additional Savings Members will receive 50% off of additional complete pairs of eyeglasses and sunglasses at Visionworks and 30% off at other participating providers on the same transaction. Otherwise, a 20% discount off the provider's usual and customary rate is available. Contact lenses are available at a 10% discount.

Mail Order Contact Lenses Replacement contacts (after initial benefit) through www.DavisVisionContacts.com mail-order service ensures easy, convenient, purchasing online and quick, direct shipping to your door. Log on to our member Web site for details.

Laser Vision Correction Davis Vision provides you and your eligible dependents with the opportunity to receive discounted laser vision correction, often referred to as LASIK. For more information, visit www.davisvision.com.

Continuation of coverage through COBRA (Self-Pay) In accordance with the provisions of the Consolidated Omnibus Budget Reconciliation Act (COBRA), should your coverage for vision care benefits stop, you and your eligible dependents may be able to continue your vision care benefits pursuant to COBRA. If your vision care benefits coverage terminates, you must immediately inform the provider of your vision care benefits (your employer, your local union, or your local union's welfare benefit fund) of your desire to continue your vision care coverage pursuant to COBRA.

Davis Vision has made every effort to correctly summarize your vision plan features herein. In the event of a conflict between this information and your organization's contract with Davis Vision, the terms of the contract will prevail.

The Davis Vision Group Vision Plan is a NYSUT Member Benefits Trust (Member Benefits)-endorsed program. Member Benefits self-insures the risk for groups with guaranteed rate contracts, meaning total premiums collected and claims paid are pooled annually. At the end of the plan year, any surplus funds revert to Member Benefits; if a deficit exists, Member Benefits is responsible for covering the loss. For the last 10-year period, a surplus equaling approximately 14.38% of paid premiums has resulted. For self-insured group vision plans, Member Benefits has an endorsement arrangement of \$.07 per month per enrolled participant. All such payments to Member Benefits are used solely to defray the costs of administering its various programs and, where appropriate, to enhance them. The insured group vision plans pool the premiums of Member Benefits participants who are insured for the purposes of determining premium rates and accounting. Coverage outside of this plan may have rates and terms that are not the same as those obtainable through Member Benefits. The Insurer or Member Benefits may hold premium reserves that may be used to offset rate increases and/or fund such other expenses related to the plan as determined appropriate by Member Benefits. Member Benefits acts as your advocate; please contact Member Benefits at 800-626-8101 if you experience a problem with any endorsed program.

Local Participating Provider Listing

BRONX, NY
VISIONWORKS
EMPIRE VISIONWORKS
5520 BROADWAY
(718) 884-2408 <f>

MAMARONECK, NY
CVS
CVS OPTICAL
1100 E BOSTON POST RD
(914) 820-9095 <f,TC>

OPEN DOOR FAMILY MEDICA
DIANE SUAREZ
5 GRACE CHURCH ST
(914) 937-8899

SCARSDALE, NY
SKYLIGHT OPTICAL INC
LEE FREUNDLICH
971A CENTRAL PARK AVE
(914) 723-7392 <f,TC>

MENDEL OPTICAL INC.
ANN MARY ABADIR
149 MAIN ST
(914) 949-3333 <f,TC>

GARDEN CITY, NY
DAVIS VISIONWORKS
600 OLD COUNTRY RD
(516) 745-6565 <f>

LARCHMONT MAMARONECK
BRIAN D. FENGEL
933 MAMARONECK AVE STE
(914) 698-2182 <f,TC>

VISION WORLD
CHRISTOPH CHAN
511 BOSTON POST RD
(914) 937-3955 <f,TC>

CVS
CVS OPTICAL
983 CENTRAL PARK AVE
(914) 874-2041 <f,TC>

YONKERS, NY
EMPIRE VISIONWORKS
2588 CENTRAL PARK AVE
(914) 337-2171 <f>

HARRISON, NY
WESTCHESTER EYE ASSOCI
ANN MARY ABADIR
450 MAMARONECK AVE
(914) 949-9200 <f,TC>

PARAMUS, NJ
VISIONWORKS
501 N STATE RT 17
(201) 265-9400 <f>

RYE BROOK, NY
WESTCHESTER OPTOMETRY
CINDY JOSEPH
168 S RIDGE ST SPC 6
(914) 937-2020 <f,TC>

WEST NYACK, NY
EMPIRE VISIONWORKS
130 N ROUTE 303 STE 6
(845) 348-3236 <f>

DR STEPHANIE LWOLMAN
550 MAMARONECK AVE STE
(914) 777-5767 <f,TC>

MENDEL OPTICAL INSIGHT
HAL MENDEL
19A RYE RIDGE PLZ
(914) 939-2224 <f,TC>

WHITE PLAINS, NY
WHITE PLAINS VISION
CHRISTINE TAM
145 E POST RD
(914) 949-8900 <f,TC>

LITTLE NECK, NY
DAVIS VISIONWORKS
25469 HORACE HARDING EX
(718) 225-0362 <f>

COMPREHENSIVE OPTOMET
5 GRACE CHURCH ST
(914) 632-2737 <TC>

To locate more network providers, log on to our Member site at davisvision.com and use the "Find a Provider" tool.

Key: <e> Performs examinations only <d> Dispenses eyewear only <f> Full service <TC> Davis Vision Collection available <SC> Safety Frame Collection available