

HERE IS A SUMMARY OF YOUR NEW VISION BENEFIT PACKAGE

TEAMSTERS LOCAL 72 and the New York State Thruway Authority is pleased to offer you a vision plan administered by Davis Vision.

WHAT ARE THE PLANS BENEFITS ?

Every 24 months, you and your eligible dependents are entitled to:

A routine eye examination, including dilation as professionally indicated: and ,

A complete pair of eyeglasses: and ,

Contact lenses (in lieu of eyeglasses).

Employees only may receive computer monitor eyewear, if necessary(in lieu of eyeglasses).

WHO ARE THE NETWORK PROVIDERS ?

They are licensed provides who are extensively reviewed and credentialed to ensure that stringent standards for quality service are maintained. Please call 1-800-999-5431 to access the Interactive Voice Response (IVR) Unit, which will supply you with the names and addresses of the network providers near you.

HOW DO I RECEIVED SERVICES FROM A PROVIDER IN THE NETWORK ?

Call the network provider of your choice and schedule an appointment.

Identify yourself as an employee or dependent of the New York State Thruway Authority.

Provide the office with the employee's Social Security number and the year 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 or ID cards are required .

WHAT TYPE OF EYEWEAR MAY I SELECT ?

Any frame from the special Designer selection, (with equivalent retail values up to \$ 125.00), displayed on the "Tower Collection" in most network provider's offices. A \$14.00 credit will be applied toward the purchase of a frame from the provider's private selection.

Any spectacle lens type: many are included with no additional cost (see below).

Contact lenses, in lieu of eyeglasses; standard, soft, daily -wear, disposable or planned replacement types are available for most prescriptions with a copayment (see below). A \$ 40.00 credit will be applied toward other types of contact lenses including toric or gas permeable from the provider's private selection, fitting fees, and recommended follow-up care.

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.

WHAT ARE MY COSTS FOR SERVICES ?

No copayment is required toward your eye examination, including dilation as professionally indicated.

No copayment is required toward many spectacle lenses.

No copayment is required toward Designer frame from the "Tower Collection". A complete benefit (including frame and lenses) from the

"Tower Collection" could have a comparable retail value up to \$ 225.00

No copayment or a \$ 20.00 copayment will be required toward standard, soft, daily-wear, disposable* or planned replacement contact lenses.

Your provider will give you specific copayment information for the type of lenses you require.

** New (to the provider, or first time) contact lens wearers will receive an initial supply (two multi packs) of lenses, along with all necessary visits for proper fitting and recommended follow-up care. Existing contact lens wearers will receive four multi-packs of lenses.*

WHAT LENSES/COATING ARE INCLUDED ?

DRESS EYEWEAR

Plastic or glass single vision, bifocal or trifocal lenses, in any prescription range.

Glass grey # 3 prescription lenses.

Oversize lenses.

Post-cataract (lenticular) lenses.

Fashion, sun or gradient tinted plastic lenses.

Photogrey Extra (sun-sensitive) glass lenses.

Blended invisible bifocals.

Ultraviolet (UV) coating.

Polycarbonate lenses.

Transitions (sun-sensitive) plastic lenses.

Progressive addition multifocals. **

High index (thinner and lighter) lenses with a prescription of greater than +/- 4.00 diopters.

*** Progressive addition multifocals can be worn by most people. Conventional bifocals will be supplied for anyone who is unable to adapt to progressive addition lenses; however, the copayment (if any) will not be refunded.*

COMPUTER MONITOR EYEWEAR

Plastic or glass single vision, bifocal or trifocal lenses, in any prescription range.

Glass grey # 3 prescription lenses.

Oversize lenses.

Post-cataract (lenticular) lenses.

Fashion, sun or gradient tinted plastic lenses.

Photogrey Extra (sun sensitive) glass lenses.

Blended invisible bifocals.

Ultraviolet (UV) coating.

Polycarbonate lenses.

High index (thinner and lighter) lenses.

ARE THERE ANY OPTIONAL LENS TYPES OR COATING AVAILABLE?

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

DRESS EYEWEAR

\$ 35.00 for glare resistant treatment.

\$ 55.00 High index (thinner and lighter) lenses with a prescription of less than +/- 4.00 diopters.

COMPUTER MONITOR EYEWEAR

\$ 35.00 for glare resistant treatment.

\$ 65.00 for Transitions (sun sensitive) plastic lenses.

\$ 55.00 for High index (thinner and lighter) lenses with a prescription of less than +/- 4.00 diopters.

WARRANTY INFORMATION

A one year unconditional breakage warranty is provided for all employees completely supplied by Davis Vision.

WHEN WILL I RECEIVE MY EYEGLASSES ?

Your eyeglasses will be sent to your provider from the laboratory generally within two to five business days.

Additional delivery time may be required when out-of-stock frames, glare resistant treatment, specialized prescriptions or non- "Tower 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 benefits 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.

Submit a claim for reimbursement to:

VISION CARE PROCESSING UNIT

P.O. BOX 1525

LATHAM, NY 12210

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

Eye examinations \$ 20.00

Single vision lenses \$ 16.00 (per pair)

Bifocal lenses \$ 23.00 (per pair)

Trifocals \$ 32.00 (per pair)

A frame \$ 16.00

Contact lenses \$ 40.00

To request claim forms, please call 1-800-999-5431.

MAY I USE THE BENEFIT AT DIFFERENT TIMES ?

All available services must be obtained at one time from either a network or out-of-network provider.

ARE THERE ANY EXCLUSIONS ?

The following items are not covered by the vision program:

Medical treatment of eye disease or injury.

Vision therapy.

Special lens designs or coating, other than those previously described.

Replacement of lost eyewear.

Non-prescription (plano) lenses.

Services not performed by licensed personnel.

Contact lenses and eyeglasses in the same benefit cycle.

Two pair of eyeglasses in lieu of a bifocal.

**NEED MORE INFORMATION ? PLEASE FEEL FREE TO VISIT OUR WEB
SITE AT [DAVIS VISION](#)**

OR CALL DAVIS VISION AT 1-800-999-5431