

**New York State Teamsters Council  
Health & Hospital Fund**

***Vision Benefits***

**Effective January 1, 2020**

**Your Funds.....Working For You**

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# VISION BENEFITS

Vision Care benefits are insured through HM Life Insurance Company and administered by Davis Vision, Inc. (“Davis”) under a contract between Davis and the New York State Teamsters Council Health & Hospital Fund (“Plan”).

DAVIS VISION, INC. (“DAVIS”)  
159 Express Street  
Plainview, New York 11803  
1-800-999-5431  
[www.davisvision.com](http://www.davisvision.com)

## SECTION 1

### PROVISION OF PLAN BENEFITS

Through its Davis Network Doctors (or through other licensed vision care providers where a Covered Person is eligible for, and chooses to receive, Plan Benefits from a Non-Davis Provider), Davis shall provide Covered Persons such Plan Benefits listed in the Schedule of Benefits below as may be Visually Necessary or Appropriate, subject to any limitations, exclusions, or Copayments discussed below.

#### Co-Payments for Services Received

The benefits herein are available to each Covered Person subject only to payment of the applicable Copayment by the Covered Person. Certain Plan Benefits received from Davis Network Doctors and Non-Davis Providers require Copayments. Covered Persons must also follow Benefit Authorization procedures.

Copayments are payable by the Covered Person to Davis Network Doctors at the time services are rendered.

#### Obtaining Services From Davis Network Doctors

Benefit Authorization must be obtained prior to you obtaining Plan Benefits from a Davis Network Doctor. When you seek Plan Benefits from a Davis Network Doctor, you must schedule an appointment and identify yourself as a New York State Teamsters Council Health & Hospital Fund member, so the Davis Network Doctor can obtain Benefit Authorization from Davis. Davis shall provide Benefit Authorization to the Davis Network Doctor to authorize the provision of Plan Benefits to you. Each Benefit Authorization will contain an expiration date, stating a specific time period for you to obtain Plan Benefits. Should the Covered Person receive Plan Benefits from a Davis Network Doctor without such Benefit Authorization, the Davis Network Doctor will be

considered a Non-Davis Provider, and the benefits available will be limited to those for a Non-Davis Provider.

Davis shall issue Benefit Authorizations in accordance with the latest eligibility information furnished by the Fund and your past service utilization, if any. Any Benefit Authorization so issued by Davis shall constitute a certification to the Davis Network Doctor that payment will be made, irrespective of a later loss of your eligibility, provided Plan Benefits are received prior to the Benefit Authorization expiration date.

### **Obtaining Services From Non-Davis Network Providers**

When Covered Persons elect to utilize the services of a Non-Davis Provider for a covered service in non-emergency situations, benefit payments for services from such Non-Davis Provider payment is not based on the amount billed. The basis of the benefit payment will be determined according to the Schedule of Benefits below listed under out-of-network reimbursement amounts and the Covered Person is responsible for payment of any additional amounts billed by the Non-Davis Provider. Covered Person must pay the provider in full at the time of service and submit an itemized bill to Davis for reimbursement. Requests for reimbursement of payment of all claims for services received from Non-Davis Providers must be submitted to Davis within one hundred eighty (180) days of the date of service. Davis may reject such claims filed more than one hundred eighty (180) days after the date of service. When payment is made to the Non-Davis Provider, the provider may bill Covered Persons for any amount up to the billed charges after the Plan has paid its portion of the bill.

### **Obtaining Information Concerning Davis Network Doctors**

Covered Persons may obtain further information about the participating status of providers and information on out-of-pocket expenses through [www.davisvision.com](http://www.davisvision.com), or by calling Davis Vision's Customer Service Department at 1-800-999-5431. Covered Persons may obtain a copy of the Davis Network Doctor directory through contacting Davis' Customer Service Department's toll-free Customer Service telephone line, Davis' website or by written request.

### **Emergency Vision Care**

If vision care is necessary for Emergency Conditions, Covered Persons may obtain coverage under their medical benefit plan, if any.

## SECTION 2

### SCHEDULE OF BENEFITS

#### Premium Platinum Plus

#### **GENERAL**

This Schedule lists the vision care benefits under the Premium Platinum Plus to which Covered Persons of Davis Vision, Inc. ("Davis") are entitled, subject to any applicable Copayments and other conditions, limitations and/or exclusions stated herein. If Plan Benefits are available for Non-Davis Provider services, as indicated by the reimbursement provisions below, vision care benefits may be received from any licensed eye care provider whether Davis Network Doctors or Non-Davis Providers.

Davis Network Doctors are those doctors who have agreed to participate in Davis' Network.

When Plan Benefits are received from Davis Network Doctors, benefits appearing in the Davis Network Doctor Benefit column below are applicable subject to any applicable Copayments and other conditions, limitations and/or exclusions as stated below. When Plan Benefits are available and received from Non-Davis Providers, the Covered Person is reimbursed for such benefits according to the schedule in the Non-Davis Provider Benefit column below, less any applicable Copayment. The Covered Person pays the provider the full fee at the time of service and submits an itemized bill to Davis for reimbursement. Discounts do not apply for vision care benefits obtained from Non-Davis Providers.

#### **BENEFIT PERIOD**

A twelve (12) month period beginning on January 1<sup>st</sup> and ending on December 31<sup>st</sup>.

#### **PLAN BENEFITS**

SERVICE OR MATERIAL	DAVIS NETWORK DOCTOR BENEFIT	NON-DAVIS PROVIDER BENEFIT	FREQUENCY
Eye Examination	Covered in full	Up to \$ 39.00	Available every January 1 <sup>st</sup>
Complete initial vision analysis: includes appropriate examination of visual functions and prescription of corrective eyewear where indicated.			

SERVICE OR MATERIAL	DAVIS NETWORK DOCTOR BENEFIT	NON-DAVIS PROVIDER BENEFIT	FREQUENCY
LENSES			Available every January 1 <sup>st</sup>
Single Vision	Covered in full	Up to \$23.00	
Bifocal	Covered in full	Up to \$37.00	
Trifocal	Covered in full	Up to \$49.00	
Lenticular	Covered in full	Up to \$60.00	
Oversize lenses	Covered in full	Not covered	
Plan Benefits for lenses are per complete set, not per lens.			

SERVICE OR MATERIAL	DAVIS NETWORK DOCTOR BENEFIT	NON-DAVIS PROVIDER BENEFIT	FREQUENCY
LENS OPTIONS			Available every January 1 <sup>st</sup>
Scratch resistant coating	Covered in full	Not covered	
Premium scratch resistant coating	\$30 Member Price	Not covered	
Ultraviolet coating	Covered in full	Not covered	
Standard anti-reflective (AR) coating	\$35.00 Member Price	Not covered	
Premium AR coating	\$48.00 Member Price	Not covered	
Ultra AR coating	\$60.00 Member Price	Not covered	
Ultimate AR coating	\$85.00 Member Price	Not covered	
Blended segment lenses	Covered in full	Not covered	
Standard, Premium, Select and Ultra Progressive lenses	Covered in full	Not covered	
Ultimate Progressive lenses	\$35.00 Member Price	Not covered	
High-index lenses 1.67	Covered in full	Not covered	
High-index lenses 1.74	\$120.00 Member Price	Not covered	
Polarized lenses	Covered in full	Not covered	
Tinted lenses	Covered in full	Not covered	
Polycarbonate lenses	Covered in full	Not covered	
Photochromic lenses	Covered in full	Not covered	
Scratch Protection Plan Single Vision	\$20.00 Member Price	Not covered	
Scratch Protection Plan Multifocal	\$40.00 Member Price	Not covered	
Digital Single Vision Lenses	\$30.00 Member Price	Not covered	
Trivex Lenses	\$50.00 Member Price	Not covered	
Blue Light Filtering	\$15.00 Member Price	Not covered	

SERVICE OR MATERIAL	DAVIS NETWORK DOCTOR BENEFIT	NON-DAVIS PROVIDER BENEFIT	FREQUENCY
Retinal imaging	\$39.00 Member Price	Up to \$40.00	Available every January 1 <sup>st</sup>

SERVICE OR MATERIAL	DAVIS NETWORK DOCTOR BENEFIT	NON-DAVIS PROVIDER BENEFIT	FREQUENCY
FRAMES			Available every January 1 <sup>st</sup>
Retail Allowance	\$120.00***	Up to \$40.00	
Davis Vision Collection-Fashion/ Designer/Premier	Covered in full	N/A	
***Additional discount applies on overage.			

SERVICE OR MATERIAL	DAVIS NETWORK DOCTOR BENEFIT	NON-DAVIS PROVIDER BENEFIT	FREQUENCY
WARRANTY			
One-year eyeglass breakage warranty	Covered in full	Not covered	

SERVICE OR MATERIAL	DAVIS NETWORK DOCTOR BENEFIT	NON-DAVIS PROVIDER BENEFIT	FREQUENCY
ELECTIVE CONTACT LENSES			Available every January 1 <sup>st</sup>
Contact Lens – Davis Vision Plan Contact Collection	Covered in full	Not Covered	
Contact Lens Evaluation, Fitting Fee & Follow Up (for specialty contact lenses)	\$60.00 allowance***	Not Covered	
Contact Lenses – Non Plan Contact Lens	\$100.00***	Up to \$35.00 (Up to \$225.00 for Visually Required Contacts)	
***Additional Discount applies to Davis Network Doctor’s usual and customary professional fees for contact lens evaluation and fitting.			
Elective Contact Lenses are provided in lieu of all other lens and frame benefits available herein. This means that utilization of contact lens benefits exhausts all of the Covered Person’s lens and frame benefits for the current Benefit Period, and future eligibility for lenses and frames will be determined as if spectacle lenses and frames were obtained in the current Benefit Period.			

## PLAN BENEFITS REQUIRING PRIOR AUTHORIZATION

The following Plan Benefits are available to Covered Persons subject to review for medical necessity by Davis' Optometric Consultants. If approved, Davis will provide an authorization to the Covered Person's Davis Network Doctor or Non-Davis Provider.

SERVICE OR MATERIAL	DAVIS NETWORK DOCTOR BENEFIT	NON-DAVIS PROVIDER BENEFIT	FREQUENCY
Medically Necessary Contact			Available every January 1 <sup>st</sup>
Professional Fees (Contact Lens Evaluation, Fitting Fee & Follow Up) and Materials	Covered in full	Up to \$225.00	
<p>Medically Necessary Contact Lenses are provided in lieu of all other lens and frame benefits available herein.</p> <p>This means that utilization of contact lens benefits exhausts all of the Covered Person's lens and frame benefits for the current Benefit Period, and future eligibility for lenses and frames will be determined as if spectacle lenses and frames were obtained in the current Benefit Period.</p>			

SERVICE OR MATERIAL	DAVIS NETWORK DOCTOR BENEFIT	NON-DAVIS PROVIDER BENEFIT	FREQUENCY
Low Vision			
<p>Low vision is a significant loss of vision but not total blindness. Ophthalmologists and optometrists specializing in low vision care can evaluate and prescribe optical devices, and provide training and instruction to maximize the remaining usable vision for members with low vision. After prior approval by Davis Vision, covered low vision services (both in- or out-of-network) will include:</p> <p><b>One comprehensive Low Vision Evaluation every 5 years, with a maximum charge of \$300.</b> This examination, sometimes called a functional vision assessment, can determine distance and clarity of vision, the size of readable print, the existence of blind spots or tunnel vision, depth perception, eye-hand coordination, problems perceiving contrast, and lighting requirements for optimum vision.</p> <p><b>Maximum Low Vision Aid allowance of \$600 with a lifetime maximum of \$1,200</b> such as high-power spectacles, magnifiers and telescopes. These devices are utilized to improve the levels of sight, reduce problems of glare, or increase contrast perception, based on the individual's visual goals.</p> <p><b>Follow-up care – four visits in any 5-year period, with a maximum charge of \$100 each visit.</b></p>			



### **ADDITIONAL DISCOUNT DEFINED \*\*\***

Each Covered Person shall be entitled to receive a discount of twenty percent (20%) toward the purchase of non-covered frames from any Davis Network Doctor. Also, Covered Persons shall be entitled to receive a discount of fifteen percent (15%) off non-plan contact lenses from any Davis Network Doctor. Discounts are applied to the Davis Network Doctor's usual and customary fees for such services.

### **LIMITATIONS:**

- Discounts do not apply to vision care benefits obtained from Non-Davis Providers.
- Discounts do not apply to sundry items: e.g., contact lens solutions, cases, cleaning products.
- Discounts are not applicable with all Davis Network Doctors.

## **SECTION 3**

### **EXCLUSIONS AND LIMITATION OF BENEFITS**

#### **Patient Options**

This Plan is designed to cover visual needs rather than cosmetic materials. When a Covered Person selects any of the following extras, the Plan will pay the basic cost of the allowed lenses, and the Covered Person will pay the additional costs for the options.

- Optional cosmetic processes.
- Cosmetic lenses.

#### **Not Covered**

There are no benefits for professional services or materials connected with:

- Orthoptics or vision training and any associated supplemental testing.
- Plano lenses (less than a  $\pm 5.0$  diopter power).
- Two pair of glasses in lieu of bifocals.
- Replacement of lenses and frames furnished under this Policy that are lost.
- Medical or surgical treatment of the eyes.
- Corrective vision treatment of an Experimental Nature, unless approved by an external appeal agent.
- Plano contact lenses to change eye color cosmetically.
- Artistically-painted contact lenses.
- Contact lens insurance policies or service contracts.
- Additional office visits associated with contact lens pathology.
- Contact lens modification, polishing, or cleaning.
- Costs for services and/or materials above Plan Benefit allowances.
- Services or materials of a cosmetic nature.
- Services and/or materials not indicated on this Schedule as covered Plan Benefits.

## **SECTION 4**

### **ELIGIBILITY FOR BENEFITS**

Eligibility for Vision Care benefits is determined by the Fund in accordance with the Fund's Eligibility Rules which are contained in the General Eligibility & ERISA Rights Information booklet provided by the Fund.

## **SECTION 5**

### **EFFECTIVE DATE OF BENEFITS**

Your Vision Care benefits will become effective on the date you have met the eligibility requirements set forth by the Fund.

## **SECTION 6**

### **CLAIMS AND APPEALS**

The Vision Care Plan's procedures concerning initial determinations, adverse benefit determinations and appeals are set forth in the Certificate of Insurance provided by HM Life Insurance Company of New York, which is incorporated herein by reference.

## **SECTION 7**

### **DEFINITIONS**

**Benefit Authorization:** Authorization from Davis identifying the individual named as a Covered Person of Davis, and identifying those Plan Benefits to which Covered Person is entitled.

**Copayments:** Those amounts required to be paid by or on behalf of a Covered Person for Plan Benefits which are not fully covered, and which are payable at the time services are rendered or materials provided.

**Covered Person:** A Participant or Eligible Dependent who meets Davis' eligibility criteria and on whose behalf premiums have been paid to Davis, and who is covered under this Plan.

**Eligible Dependent:** Any legal dependent of a Participant who meets the criteria for eligibility established by the Plan and approved by Davis.

**Emergency Condition:** A condition, with sudden onset and acute symptoms, that requires the Covered Person to obtain immediate medical care, or an unforeseen occurrence calling for immediate, non-medical action.

**Davis Network Doctor:** An optometrist or ophthalmologist licensed and otherwise qualified to practice vision care and/or provide vision care materials who has contracted with Davis to provide vision care services and/or vision care materials on behalf of Covered Persons of Davis.

**Non-Davis Provider:** Any optometrist, optician, ophthalmologist, or other licensed and qualified vision care provider who has not contracted with Davis to provide vision care services and/or vision care materials to Covered Persons of Davis.

**Plan or Fund:** The New York State Teamsters Council Health & Hospital Fund.

**Plan Benefits:** The vision care services and vision care materials which a Covered Person is entitled to receive by virtue of coverage under this Plan, as defined in the Schedule of Benefits.

**Participant:** A person who is employed by a participating employer in the New York State Teamsters Council Health & Hospital Fund and who meets the rules and definition of an employee as established by the Fund.

Schedule Of Benefits: The portion of this document which lists the vision care services and vision care materials which a Covered Person is entitled to receive under this Plan.

Visually Necessary or Appropriate: Services and materials medically or visually necessary to restore or maintain a patient's visual acuity and health for which there is no less expensive professionally acceptable alternative, as determined by Davis and subject to review and final determination by the Plan.

**As noted above, the Vision Care benefits summarized in this document are provided through a group insurance policy issued by HM Life Insurance Company. As such, in the event that this document conflicts with the actual benefits provided by the group insurance policy, the group insurance policy shall control.**