



*Verizon Vision Care Plan for New York  
and  
New England Associates  
(including VDT User Eye Care Program)*

## **Vision Care Plan Benefit Description**

Please call Davis Vision at 1-877-999-7006 with questions or visit our website: [www.davisvision.com](http://www.davisvision.com)

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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 benefits?**

You and your covered dependents may be entitled to the following every 24 months:

- A routine eye examination, including dilation as professionally indicated; and,
- A complete pair of eyeglasses; or,
- Contact lenses, in lieu of spectacle lenses.

Verizon employees are also entitled to a VDT eye exam every 12 months.

### **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 **1-877-999-7006** to access the Interactive Voice Response (IVR) 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](http://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 Verizon employee or covered family member.
- Provide the office with the employee's Identification number (for both employee and dependent appointment requests) 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 types of eyewear may I select?**

#### **You may select the following:**

- Any frame from the special selection of Fashion frames, displayed on the "Tower Collection" in each network providers' offices. Some frames have comparable retail values up to \$75.00. If you select a frame not on the "Tower Collection", a \$30.00 retail credit will be applied toward the purchase of a frame from the provider's own selection.
- Any spectacle lens type; many are included at no additional cost (see below).
- Contact lenses, in lieu of spectacle lenses; an \$85.00 credit will be applied toward contact lenses from the provider's own 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 a Fashion frame from the "Tower Collection" and/or many spectacle lenses.

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## What lenses/coatings are included?

- 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.
- Polycarbonate lenses (for dependent children and monocular patients).• \$12.00 for ultraviolet (UV) coating.

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

Yes, you can pay the low, discounted fixed fees indicated below for the following items:

- \$15.00 for a Designer frame from the “Tower Collection”.
- \$35.00 for a Premier frame from the “Tower Collection”.\*
- \$12.00 for UV (ultraviolet) protective coating.\*
- \$20.00 for SuperShield® (scratch-resistant) lens coating.
- \$20.00 for Photogrey Extra® (sun-sensitive) glass lenses.\*
- \$20.00 for blended invisible bifocals.
- \$30.00 for polycarbonate lenses.
- \$35.00 for glare resistant treatment.
- \$65.00 for Transitions® (sun-sensitive) plastic lenses.\*
- \$55.00 for high-index (thinner and lighter) lenses.
- \$75.00 for Polaroid lenses.\*
- \$50.00 for standard progressive addition multifocal brands. Premium progressive addition multifocal brands are \$90.00.\*\*

*\*This option may not be selected for VDT eyewear.*

*\*\*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 will not be refunded.*

## When will I receive my eyeglasses?

Your eyeglasses will be sent to your provider from the laboratory generally within two to five business days. More delivery time may be needed when out-of-stock frames, glare resistant treatment, specialized prescriptions or non “Tower Collection” frames are selected.

## What are the VDT benefits?

- Annual examination.
- Employees only (permanent and temporary) are eligible to receive VDT coverage.
- A complete pair of VDT eyewear (frame and lenses) with a qualifying prescription.

## What about out-of-network provider benefits?

You may also receive services from an out-of-network provider, although you will 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
- 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 \$25.00
- Single vision lenses \$30.00 (per pair)
- Bifocal lenses \$40.00 (per pair)
- Trifocal lenses \$50.00 (per pair)
- Lenticular lenses \$90.00 (per pair)
- Frame \$30.00
- Contact lenses \$85.00

Claim forms may be obtained by visiting [www.davisvision.com](http://www.davisvision.com) or by calling **1-877-999-7006**.

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## More Special Features:



- Free membership and access to Lens 1-2-3®, 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)**.
- A one year unconditional breakage warranty is provided for all eyeglasses completely supplied by Davis Vision.

## 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.

## Need more information? Please feel free to visit our website at [www.davisvision.com](http://www.davisvision.com) or call Davis Vision at **1-877-999-7006** 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 8:00 pm, Eastern Time, and;
- Saturday, 9:00 am 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

**If there are any discrepancies between this and the official plan documents, the plan documents supersedes.**