

Harrison CSEA Trust Fund

Administered by Zenith American Solutions



Welcome to Davis Vision!

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!

If you are not currently enrolled, please visit our member site at davisvision.com or call 1.877.923.2847 to locate providers or for additional information.

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 Harrison CSEA Trust Fund. 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 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	12 months	\$0	Covered in full. Includes dilation when professionally indicated.
Spectacle Lenses	12 months	\$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	12 months	\$0	Covered in Full Frames: Any Fashion or Designer level frame from Davis Vision's Collection ¹ (retail value, up to \$160). OR, Frame Allowance: \$40 toward any frame from provider plus 20% off any balance. No copay required.
Contact Lens Evaluation, Fitting & Follow Up Care	12 months	\$0	Davis Vision Collection Contacts: Covered in full. Standard, Soft Contacts: Covered in full.
Contact Lenses (in lieu of eyeglasses)	12 months	\$0	Covered in Full Contacts: From Davis Vision's Collection ¹ , up to: Planned Replacement Two boxes/multi-packs* Disposable Four boxes/multi-packs* OR, Contact Lens Allowance: \$100 allowance toward any contacts from provider's supply plus 15% off balance. No copay required. OR, Visually Required Contacts: Covered up to \$500 with prior approval. <small>*Number of contact lens boxes may vary based on manufacturer's packaging</small>

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
Ultraviolet Coating	\$12
Anti-Reflective Coating: Standard Premium Ultra	\$.35 \$.48 \$.60
Polycarbonate Lenses	\$0 ² - \$30
High-Index Lenses	\$55
Progressive Lenses: Standard Premium Ultra	\$0 \$0 \$50
Polarized Lenses	\$75
Photochromic Lenses (i.e. Transitions [®] , etc.) ² Plastic Glass	\$0 \$20
Intermediate-Vision Lenses	\$30
Blended Lenses	\$20
Scratch Protection Plan: Single Vision Multifocal Lenses	\$20 \$40

¹The Davis Vision Collection is available at most participating independent provider locations.

²Transitions[®] is a registered trademark of Transitions Optical Inc.

³For dependent children, monocular patients and patients with prescriptions of +1.00 diopters or greater.

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 application 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.

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.
- Non-prescription (plano) lenses.
- Contact lenses and eyeglasses in the same benefit cycle.
- Replacement of lost eyewear.
- Services not performed by licensed personnel.
- Two pairs of eyeglasses in lieu of a bifocal.

For more information, please visit Davis Vision's website at www.davisvision.com or call Davis Vision at 1-800-999-5431 to:

- Learn about the Davis Vision company.
- Access the Interactive Voice Response Unit which will provide network providers nearest you.
- Verify eligibility for yourself or a family member or print an Enrollment Confirmation from our website.
- Request an out-of-network provider reimbursement form.
- Understand emergency care.
- 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**.

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 our website at: www.davisvision.com or call 1-800-999-5431.