

# Level Care – Mid Atlantic Regional Council of Carpenters Health & Welfare Fund

## Welcome to Davis Vision!

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](http://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 Level Care – Mid Atlantic Regional Council of Carpenters Health & Welfare 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!

Patient Name  
 Address Line 1  
 Address Line 2  
 City, State, Zip



## Your Davis Vision Premier Plan Benefits

Benefit	Frequency Once every -	In-network Copay	In-network Coverage
<b>Eye Examination</b>	January 1	\$0	Covered in full. <i>Includes dilation when professionally indicated.</i>
<b>Spectacle Lenses</b>	January 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.)
<b>Frame</b>	January 1	\$0	<p><b>Covered in Full Frames:</b> Any Fashion, Designer or Premier level frame from Davis Vision's Collection<sup>2</sup> (retail value, up to \$195).</p> <p><b>OR, Frame Allowance:</b> \$150 toward any frame from provider plus 20% off any balance.<sup>1</sup> No copay required.</p> <p><b>OR, Visionworks Frame Allowance:</b> \$200 allowance plus 20% off any balance toward any frame from a Visionworks family of store locations.<sup>5</sup> No copay required.</p>
<b>Contact Lens Evaluation, Fitting &amp; Follow Up Care</b>	January 1	\$0	<p><b>Standard, Soft Contacts:</b> Covered in full.</p> <p><b>Specialty Contacts<sup>3</sup>:</b> \$60 allowance plus 15% off balance<sup>1</sup>.</p>
<b>Contact Lenses</b> (in lieu of eyeglasses)	January 1	\$0	<p><b>Contact Lens Allowance:</b> \$200 allowance toward any contacts from provider's supply plus 15% off balance.<sup>1</sup> No copay required.</p> <p><b>OR, Visually Required Contacts:</b> Covered in full with prior approval.</p>

### Significant savings on optional frames, lens types and coatings!

	Member Price
Davis Vision Collection Frames: Fashion   Designer   Premier .....	\$0   \$0   \$0
Tinting of Plastic Lenses .....	\$0
Oversize Lenses .....	\$0
Scratch-Resistant Coating .....	\$0
Premium Scratch-Resistant Coating .....	\$30
Ultraviolet Coating .....	\$12
Anti-Reflective Coating: Standard   Premium   Ultra   Ultimate .....	\$35   \$48   \$60   \$85
Polycarbonate Lenses .....	\$0 <sup>4</sup> -\$30
High-Index Lenses: 1.67   1.74 .....	\$55   \$120
Progressive Lenses: Standard   Premium   Ultra   Ultimate .....	\$50   \$90   \$140   \$175
Polarized Lenses .....	\$75
Photochromic Lenses (i.e. Transitions®, etc.) <sup>6</sup> .....	\$65
Digital Single Vision Lenses .....	\$30
Scratch Protection Plan: Single Vision   Multifocal Lenses .....	\$20   \$40
Trivex Lenses .....	\$50
Blue Light Filtering .....	\$15

<sup>1</sup> Some limitations apply to additional discounts, discounts not applicable at all in-network providers  
<sup>2</sup> The Davis Vision Collection is available at most participating independent provider locations.  
<sup>3</sup> Including, but not limited to toric, multifocal and gas permeable contact lenses.  
<sup>4</sup> For dependent children, monocular patients and patients with prescriptions of +/- 6.00 diopters or greater.  
<sup>5</sup> Enhanced frame allowance available at all Visionworks Locations nationwide.  
<sup>6</sup> 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.

### Additional Savings!

Retinal imaging .....	\$39
Additional pairs of eyeglasses .....	30% discount <sup>1</sup>

## 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: 1.800.523.2847.)

### 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](http://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. Complete eyeglasses must be obtained at one time, from one provider. You may not split between a network and 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 - \$40 | single vision lenses - \$40 | bifocal - \$60 | trifocal - \$80 | lenticular - \$100 | frame - \$50 | elective contacts - \$105 | visually required contacts - \$225.

### 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.

## 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.

**Greater Benefits** Access a higher frame allowance by visiting a Visionworks family of store locations<sup>7/</sup>.

**Additional Savings** At most participating network locations, members receive up to 20% off additional eyeglasses, sunglasses and items not covered by the benefit and 10% off disposable contact lenses.<sup>8/</sup>

**Mail Order Contact Lenses** Replacement contacts (after initial benefit) through [www.DavisVisionContacts.com](http://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** Up to 25% discount off participating provider's U&C or 5% off advertised special (whichever is lower). Log on to our member Web site for details and to locate a provider.

**Low Vision Services** Comprehensive low vision evaluation once every five years and low vision aids up to the plan maximum. Covers up to four follow-up visits in five years.

**Eye Health & Wellness** Log on and learn more about your eyes, health and wellness; common eye conditions that can impair vision; and what you can do to ensure healthy eyes and a healthier life.

**For more details...** about your vision benefits, patient rights and responsibilities, or more information about Davis Vision, please log on to our member Web site or contact us at 1.800.999.5431.

*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.*

<sup>7/</sup> Enhanced frame allowance available at all Visionworks Locations nationwide.

<sup>8/</sup> Some limitations apply to additional discounts, discounts not applicable at all in-network providers

Fully insured product Underwritten by HM Life Insurance Company, HM Life Insurance Company of New York. Administered by Davis Vision, which may operate as Davis Vision Insurance Administrators in California.

## Local Participating Provider Listing

Currently, a Davis Vision provider is not available in your ZIP code area. If you would like provider information based on a different ZIP code, please log on to our Member site at [davisvision.com](http://davisvision.com) and use the "Find a Provider" tool. We are continuing to expand the network, and may have new providers either in or near your area.

To locate more network providers, log on to our Member site at [davisvision.com](http://davisvision.com) and use the "Find a Provider" tool.

Key: <e> Performs examinations only <d> Dispenses eyewear only <TC> Davis Vision Collection available