

# \$100 Eyewear Benefit

## Biennial Benefit



The Keystone Health Plan East \$100 HMO/POS Vision Rider program, administered by Davis Vision, offers members corrective eyewear, including eyeglasses or contact lenses. The vision rider program is easy to use. Benefits are maximized by using Davis Vision providers that are conveniently located throughout the area. Paid-in-full benefits for eyeglasses with standard lenses are possible when you choose from a select grouping known as the Davis Collection of Frames.

Benefit	Coverage
<p><b>Eyeglasses, including spectacle lenses and frames, at participating providers</b></p> <p>Spectacle lenses</p> <p>Additional lens options</p> <p>Frames Two options are available for selecting frames:</p>	<p>Spectacle lenses covered at no extra cost include: all range of prescriptions, oversize lenses, glass or plastic lenses, single vision, bifocal, trifocal or lenticular lenses</p> <p>Additional spectacle lens options covered at no cost include: glass grey #3 prescription sunglass lenses, tinting, polycarbonate lenses for dependent children, monocular patients, and patients with prescriptions greater than or equal to +/- 6.00 diopters</p> <p>Choose from participating provider's own frame collection and member receives allowance of \$65<sup>1</sup></p> <p>OR</p> <p>Choose from the Davis Collection of Frames that is available at most participating providers and frames are covered in full.</p>
<p><b>Eyeglasses including spectacle lenses and frames at non-participating providers</b></p>	<p>Eyeglasses (spectacle lenses and frames) are available up to a \$100 reimbursement to member<sup>2</sup></p>
<p><b>Contact lenses (in lieu of eyeglasses) including standard, specialty and disposable lenses and evaluation and fitting</b></p> <p>Participating providers</p> <p>Non-participating providers</p>	<p>Member receives allowance up to \$100<sup>1</sup></p> <p>Up to \$100 reimbursement to member<sup>2</sup></p>
<p><b>Total Out-of-Pocket Maximum</b></p>	<p>Please refer to your Medical Coverage Benefits at a Glance for information about out-of-pocket maximum values. Out-of-pocket maximum includes applicable copayments, coinsurance and deductibles. Your out-of-pocket maximum is a combined maximum of medical, prescription drug and any included pediatric vision and pediatric dental benefits as defined by your benefit plan.</p>
<p><b>Benefit frequency</b></p>	<p>Once every two calendar years</p>
<p><b>Network</b></p>	<p>Davis Vision Network To locate a participating provider, go to <a href="http://www.ibx.com">www.ibx.com</a> and click on the 'Find a Doctor' feature.</p>

1 Member is responsible for balance

2 In lieu of participating provider benefit, member is responsible for balance

This summary is intended to highlight the benefits available to you. For a complete description, including benefits and exclusions, refer to your benefit booklet.

Administered by:



Benefits are underwritten or administered by Keystone Health Plan East, a subsidiary of Independence Blue Cross-independent licensees of the Blue Cross and Blue Shield Association.

[www.ibx.com](http://www.ibx.com)

## Value-added Services\*

Spectacle lens options available at most participating providers, MEMBER PAYS fixed discounted prices:

Spectacle Lens Option	Fixed Discounted Price
Blended invisible bifocals	\$10
Ultraviolet (UV) coating	\$12
Scratch-resistant coating - single vision	\$15
Scratch-resistant coating - multifocal	\$25
Intermediate vision lenses	\$30
Anti-reflective coating - standard	\$33
Anti-reflective coating - premium	\$48
Anti-reflective coating - ultra	\$60
Progressive additional multifocal lenses - standard	\$50
Progressive additional multifocal lenses - premium	\$90
Polarized lenses	\$60
Polycarbonate <sup>3</sup>	\$30
High index	\$55
Photochromic glass - single vision	\$15
Photochromic glass - multifocal	\$25
Photochromic plastic - single vision	\$60
Photochromic plastic - multifocal	\$70

**Warranty** - Unconditional one-year breakage warranty to repair or replace frames or lenses purchased at a participating provider for a period of one year. This warranty applies to all spectacle lenses, Davis Vision Collection of Frames and regional/national retailer frames, when the Collection is not available.

**Replacement Contact Lenses** - Through Lens 123, a free mail order program, member may receive replacement contact lenses offered at guaranteed, discounted prices.

**Laser Vision Correction Services** - Discount on Laser Vision Correction Services at Davis Vision Participating Laser Vision Correction Providers: Up to 25% off the participating provider's usual and customary fees or 5% off any participating provider's advertised specials, whichever is less.

**Additional Eyewear Discount** - Members selecting non-covered materials (i.e., second pair of eyeglasses, sunglasses, etc.) will receive up to a 20% courtesy discount and up to a 10% discount on disposable contacts at most participating providers.

\* Not available at non-participating providers

<sup>3</sup> Polycarbonate lenses for dependent children, monocular patients, and patients with prescriptions greater than or equal to +/- 6.00 diopters are covered at no cost.

## Frequently Asked Questions

Below find answers to some frequently asked questions about how your IBC Vision benefit program works.

### Who are the participating providers in the IBC Vision network?

Our administrator, Davis Vision, contracts with a national network of providers including ophthalmologists, optometrists and opticians. They are primarily licensed providers in private practice and in some retail locations, such as Wal-Mart Vision Center and For Eyes. Please go to [www.ibx.com](http://www.ibx.com) to locate a participating 'Vision Provider' through the 'Find a Doctor' feature, or once enrolled, call the number on your Identification card.

### If a retail location such as Wal-Mart Vision Center is in the network, does that mean the doctor located in that store is in the network?

No. When going to a retail location such as Wal-Mart Vision Center for eyewear purchases, you should always confirm the participation status of the on-site doctor who provides the eye exam, since each provider contracts separately with Davis Vision. Please Note: Coverage for routine eye exam, if available, would be included under your medical benefit.

### What are the advantages of using a participating provider?

- Quality service standards: all participating providers have been extensively reviewed and credentialed to NCQA standards to ensure that stringent standards for quality service are maintained.
- Paid-in-full benefit available: in addition to their own selection of frames, most participating providers have available the Davis Collection of Frames. This allows you to utilize the paid-in-full benefit available through your IBC Vision Program when frames are selected from the Collection with standard lenses - single, bifocal, trifocal or lenticular.
- Spectacle lens options discount: additional services such as anti-reflective coating and Transitions lenses (photochromic) are available at a discounted price.
- Eyewear quality and value: most eyewear (lenses, coatings, and frames) is fabricated on site at one of Davis Vision's Regional Fabrication Centers. This allows Davis to monitor quality assurance and costs associated with the fabrication process, thereby creating the most value for you, our member.
- Warranty: Unconditional one-year breakage warranty to repair or replace frames or lenses purchased at a participating provider for a period of one year. This warranty applies to all spectacle lenses, Davis Vision Collection of Frames and regional/national retailer frames, when the Collection is not available.

### Will I need a claim form to receive services from a participating provider?

No, you will not need a claim form for in-network services. The process is simple. Here's what to do:

- Call the participating provider of your choice and schedule an appointment.
- Identify yourself as a member of IBC Vision, administered by Davis Vision.
- Provide the office with your ID number located on your Identification card and the name and date of birth of any covered dependent needing services.

It's that easy! The provider's office will verify your eligibility for services, and no claim forms are required!

### Will I be able to choose any frame available at a participating provider?

Yes, you may apply the amount of your frame benefit toward any available frame that you choose. You can maximize your benefit by selecting frames from the Davis Collection of Frames, which offers you the ability to have a paid in full pair of frames. The Collection is available at most participating providers. The 'Find a Doctor' feature on [www.ibx.com](http://www.ibx.com) also indicates the participating doctors that have the Davis Collection of Frames available.

### What types of frames are included in the Davis Collection of Frames?

The Davis Collection includes frames for men and women, adults and children. The collection includes many notable designer name frames that have passed rigorous inspections, such as Perry Ellis, Steve Madden, Alfred Sung, Converse, Bongo, Club Med, Catherine Deneuve, Scooby-Doo!, Garfield and Harley-Davidson. This frame collection is typically updated twice a year.

### How soon will I receive my glasses after they are ordered?

Your provider will advise you when to return to his/her office to pick up your new prescription eyeglasses. Delivery of your new eyeglasses to your participating provider from the fabrication center is generally within two to five business days of the doctor's submission of your order. More delivery time may be needed when out-of-stock frames, ARC (anti-reflective coatings), specialized prescriptions or a participating provider's frame is selected.

### What if my vision care provider does not participate in the network?

You may receive covered services from a non-participating provider, although you can receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network. If you choose a non-participating provider, you pay the provider directly for all charges and then submit a Direct Reimbursement Claim Form. Covered services will be paid directly to you based on your out-of-network benefits. You are responsible for any balances.

### [Where do I send the Direct Reimbursement Claim Form?](#)

Mail your completed Direct Reimbursement Claim Form with receipts attached to:

Vision Care Processing Unit  
P. O. Box 1525  
Latham, NY 12110

To obtain a claim form, please visit [www.ibx.com](http://www.ibx.com) and click on 'Forms'. The IBC Vision Direct Reimbursement Claim Form is located on this Forms page under the Claims section.

### [How do I purchase replacement contact lenses through the Lens 123 Program?](#)

Enrolled members who have utilized their covered benefit may call 1-800-LENS 123 (1-800-536-7123) to register and set up your Lens 123 account. The Customer Service Representative will explain to you how to order replacement contact lenses and receive them in the mail. Lens 123 is an easy and convenient way to order replacement contact lenses. For additional information, go to [www.lens123.com](http://www.lens123.com).



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