

## VISION BENEFITS

The vision plan is available to teachers, nurses and administrators who are also eligible for the Excess Medical Coverage. This new plan will be called the “Designer Gold Vision Plan” in network and “Vision Plan P” out of network. It will be administered through Davis Optical and Newman Company, Inc. and is insured by Highmark Life Insurance Company.

The Designer Gold Vision Plan will provide the following at no cost to the enrollee or family members if the participating provider network is utilized:

- Eye examination including Dilated Fundus Evaluation
- A \$30.00 wholesale frame allowance augmented by the Designer Frame Collection
- Choice of glass or plastic lenses
- All ranges of prescriptions including single vision, bifocal, trifocal, lenticular or cataract lenses
- Oversize lenses
- Fashion and gradient tinting of plastic lenses.
- Glass-Grey #3 prescription sunglasses
- Plastic Photosensitive Lenses
- Standard progressive addition lenses (PALS)
- Corning Photochromic Lenses
- Supershield (scratchguard) Coating
- Polycarbonate Lenses
- Ultraviolet Coating
- Blended Segment Lenses
- All materials are verified as first quality
- One year breakage warranty on all plan eyeglasses
- Custom cases
- A complete contact lens evaluation and fitting service for members who select plan contact lenses in lieu of eyeglasses.
- A \$75.00 contact lens allowance
- Medically necessary contact lenses covered in full with prior approval
- Free membership in Lens-1-2-3 for guaranteed lowest price mail order replacement contact lenses

The following services are available at a fixed fee additional cost to members:

Premium Progressive Addition Lenses	\$40.00
Premier Frames	\$20.00
ARC(Antireflective Coating)	\$35.00
Hi-Index Lenses	\$55.00
Polarized Lenses	\$75.00

The following out-of-network benefits are offered under Vision Plan P and apply to those services rendered by a non-participating provider:

- Eye examination \$37.00
  - Eye Examination including single vision glasses and frame \$110.00
  - Eye Examination including bifocal glasses and frames \$147.00
  - Eye Examination including trifocal glasses and frames \$193.00
  - Eye Examination including soft or hard contact lenses \$193.00
- Co-payment \$25.00

**USING THE PLAN:**

Using your benefits is very simple and convenient. You can call 1-800-999-5431 in order to obtain a voucher for services and the listing of network providers. When visiting a Davis Vision Care Provider there are no out-of-pocket expenses for items listed above. Simply indicate that you are a member of the Garden City Teachers Association Benefits Trust Fund and that you receive benefits under the Designer Gold Vision Plan. You should call ahead for an appointment with the Provider. If you have not obtained a voucher, the Provider can verify your participation in the Plan on your behalf.

**MAKING A CLAIM:**

If you go out of network, you are covered under Vision Plan P and you should fill out a *vision claim form* that is available online.

*For claim forms click on the Claim Forms link in the left column.*

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