

# UA LOCAL 190 FRINGE BENEFIT FUNDS

## Your UA Local 190 Benefits are changing. . . Introducing Davis Vision

Your Board of Trustees are happy to announce the January 1, 2021 implementation of an improved vision benefit, provided in conjunction with Davis Vision.

### **BE ON THE LOOK-OUT FOR YOUR WELCOME PACKET FROM DAVIS VISION**

Benefit	Frequency Once every -	In- Network Copay	IN-NETWORK COVERAGE LEVELS
<b>Eye Examination</b>	Calendar year	\$0	Covered in full. <i>Includes dilation when professionally indicated.</i>
<b>Spectacle Lenses</b>	Calendar year	\$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>	Calendar year	\$0	Covered in Full Frames: Any Fashion, Designer or Premier level frame from Davis Vision's Collection (retail value, up to \$195). OR, Frame Allowance: \$250 toward any frame from provider plus 20% off any balance. No copay required.
<b>Contact Lens Evaluation, Fitting &amp; Follow Up Care</b>	Calendar year	\$0	Davis Vision Collection Contacts: Covered in full. Standard, Soft Contacts: Covered in full. Specialty Contacts: \$60 allowance plus 15% off balance.
<b>Contact Lenses (in lieu of eyeglasses)</b>	Calendar year	\$0	Covered in Full Contacts: From Davis Vision's collection, up to: <ul style="list-style-type: none"> <li>• Planned Replacement Four boxes/multi-packs*</li> <li>• Disposable Eight boxes/multi-packs* OR,</li> </ul> Contact Lens Allowance: \$350 allowance toward any contacts from provider's supply plus 15% off balance. No copay required. OR, Visually Required Contacts: Covered in full with prior approval. *Number of contact lens boxes may vary based on manufacturer's packaging.
<b>Safety Eyeglasses (Members Only)</b>	Calendar year	\$0	Covered in Full Safety Frames: Any Fashion, Designer or Premier level frame from Davis Vision's Safety Collection.

### UA LOCAL 190 VISION PLAN CHANGE Q & A'S

Q. How do I find a Provider?

A. Your Davis Vision Welcome Letter will provide you with several providers in your area. However, you may also contact Davis Vision at 1.800.999.5431 or utilize their website: [www.davisvision.com](http://www.davisvision.com), for additional options.

Q. Will my Benny card cover my out of pocket vision expenses?

A. Yes, if you have IHRA funds available, you may submit your itemized vision receipt/Davis Vision EOB (Explanation of Benefits) to the Fund Office for reimbursement.

**PLEASE NOTE: If you attempt to pay the provider with your Benny card it will decline.**

Q. Can I use an out-of-network provider?

A. Yes, however, you receive the greatest value utilizing in-network providers. If you choose an out-of-network provider, you will be required to pay at the time of service and submit a claim to Davis Vision for reimbursement, up to the following amounts: eye exam - \$30 | single vision lenses - \$25 | bifocal - \$35 | trifocal - \$45 | lenticular - \$60 | frame - \$30 | elective contacts - \$75 | visually required contacts - \$225. Out of Network claim forms are available at [www.davisvision.com](http://www.davisvision.com).

## 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!

**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.

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

**Make an appointment.** Tell your provider you are a Davis Vision member with coverage through UA Local 190 Health & Welfare Plan. 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 Premier Plan Benefits

Benefit	Frequency Once every -	In-network Copay	In-network Coverage
<b>Eye Examination<sup>5</sup></b>	Calendar year	\$0	Covered in full. <i>Includes dilation when professionally indicated.</i>
<b>Spectacle Lenses</b>	Calendar year	\$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>	Calendar year	\$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> \$250 toward any frame from provider plus 20% off any balance.<sup>1</sup> No copay required.</p>
<b>Contact Lens Evaluation, Fitting &amp; Follow Up Care</b>	Calendar year	\$0	<p><b>Davis Vision Collection Contacts:</b> Covered in full.</p> <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 (in lieu of eyeglasses)</b>	Calendar year	\$0	<p><b>Covered in Full Contacts:</b> From Davis Vision's Collection<sup>2</sup>, up to:                      Planned Replacement Four boxes/multi-packs*                      Disposable Eight boxes/multi-packs*</p> <p><b>OR, Contact Lens Allowance:</b> \$350 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> <p><small>*Number of contact lens boxes may vary based on manufacturer's packaging.</small></p>
<b>Safety Eyeglasses (Members Only)</b>	Calendar year	\$0	<p><b>Covered in Full Safety Frames:</b> Any Fashion, Designer or Premier level frame from Davis Vision's Safety Collection<sup>6</sup>.</p>

Significant savings on optional frames, lens types and coatings!

	Dress	Member Price	Safety
Davis Vision Collection Frames: Fashion   Designer   Premier .....	\$0   \$0   \$0		\$0   \$0   \$0
Tinting of Plastic Lenses .....	\$15		\$0
Scratch-Resistant Coating .....	\$0		\$0
Premium Scratch-Resistant Coating .....	\$30		N/A
Ultraviolet Coating .....	\$12		\$0
Anti-Reflective Coating: Standard   Premium   Ultra   Ultimate .....	\$35   \$48   \$60   \$85		\$35   \$48   \$60   N/A
Polycarbonate Lenses .....	\$0 <sup>4</sup> -\$30		\$0 <sup>7</sup>
High-Index Lenses 1.67   1.74 .....	\$55   \$120		\$55   N/A
Progressive Lenses: Standard   Premium   Ultra   Ultimate .....	\$0   \$40   \$55   \$175		\$50   \$90   \$140   N/A
Polarized Lenses .....	\$75		\$75
Photochromic Lenses (i.e. Transitions®, etc.) <sup>8</sup> .....	\$65		\$65
Digital Single Vision Lenses .....	\$30		N/A
Scratch Protection Plan: Single Vision   Multifocal Lenses .....	\$20   \$40		N/A   N/A
Trivex Lenses .....	\$50		N/A
Blue Light Filtering.....	\$15		N/A
Side Shields (fixed or removable).....	N/A		\$0
<b>Additional Savings!</b>			
Retinal Imaging.....	\$39		

<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> By utilizing the safety eyeglass benefit with the comprehensive dress eyewear plan, one eye examination will cover both requirements.  
<sup>6</sup> Davis Vision's Safety Frame Collection meets or exceeds the Z87.1 American National Standard and the requirements of the Occupational Safety and Health Administration (OSHA) for impact resistance.  
<sup>7</sup> Polycarbonate lenses meet or exceed the Z87.1 American National Standard and the requirements of the Occupational Safety and Health Administration (OSHA) for impact resistance.  
<sup>8</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.



**DavisVision™**  
 ID #:  
 Name:  
 Affiliation:

UA Local 190 Health & Welfare Plan



**DavisVision™**  
 ID #:  
 Name:  
 Affiliation:

UA Local 190 Health & Welfare Plan

## 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. 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 - \$30 | single vision lenses - \$25 | bifocal - \$35 | trifocal - \$45 | lenticular - \$60 | frame - \$30 | elective contacts - \$75 | 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.

**Additional Savings** Members will receive 50% off of additional complete pairs of eyeglasses and sunglasses at Visionworks and 30% off at other participating providers on the same transaction. Otherwise, a 20% discount off the provider's usual and customary rate is available. Contact lenses are available at a 10% discount.<sup>9</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** Davis Vision provides you and your eligible dependents with the opportunity to receive discounted laser vision correction, often referred to as LASIK. For more information, visit [www.davisvision.com](http://www.davisvision.com).

**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>9</sup>Some limitations apply to additional discounts, discounts not applicable at all in-network providers. Administered by Davis Vision, which may operate as Davis Vision Insurance Administrators in California.

**Please Note: Certain providers listed below may not be available for safety. Please refer to the complete safety benefit provider panel by registering your account on [davisvision.com](http://davisvision.com)**

## Local Participating Provider Listing



# UA Local 190 Health & Welfare Plan - Safety your vision plan

Client code: 9973

### Frequency

 Lenses & lens upgrades: Once per Calendar Year  
 Frame: Once per Calendar Year


*Please Note: Safety eyewear is available for member's only.*

For more details about the plan, visit [davisvision.com/members](https://davisvision.com/members) and enter your Client Code or call 1 (877) 923-2847 and enter your Client Code when prompted.


**Exams & Services**

Eye Exam:

**N/A (available on dress)**

**Lenses**

Safety Lens copay:

**\$0**

**Frame**

The Exclusive Safety Collection copay:

Fashion	Designer	Premier
<b>Covered in full</b>	<b>Covered in full</b>	<b>Covered in full</b>


**Contacts**  
 in lieu of glasses

**N/A**

### Using your client code

Log in using your client code (listed above) at [davisvision.com/member](https://davisvision.com/member) to find a list of in-network providers near you and access your benefit information.

### The Exclusive Collection

The Exclusive Collection of frames is available at nearly 9,000 locations across the U.S. Log in to browse frames, and find a Collection near you.

### Find a network provider...

Enter your client code in the "Member Sign In" section of our website at [davisvision.com/members](https://davisvision.com/members) to locate a provider near you including Visionworks.

**Lens options**

Clear plastic single-vision, bifocal, trifocal or lenticular lenses (any RX).....\$0

Polycarbonate Lenses.....\$0

High-Index Lenses .....\$55

Polarized Lenses.....\$75

Progressive Lenses (Standard / Premium / Ultra).....\$50 / \$90 / \$140

Anti-Reflective (AR) Coating (Standard / Premium / Ultra).....\$35 / \$48 / \$60

Ultraviolet Coating.....\$0

Tinting of Plastic Lenses (Solid / Gradient).....\$0

Plastic Photochromic Lenses (Transitions® Signature™).....\$65

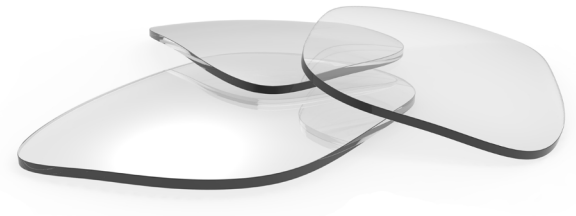
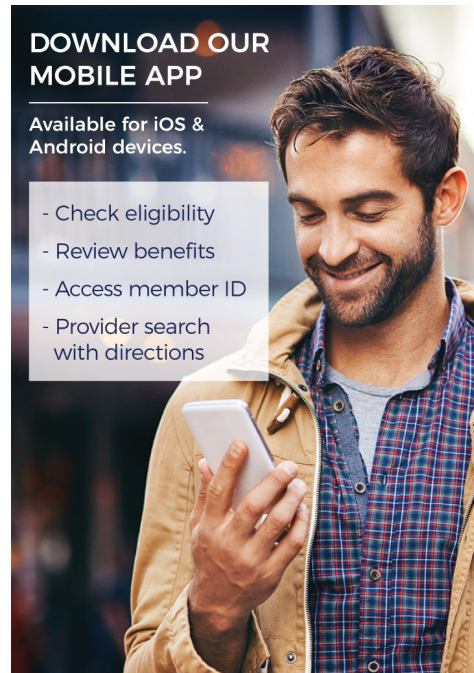
Scratch-Resistant Coating.....\$0

Side Shields (Fixed / Removable).....\$0

**Additional savings**

Retinal imaging (Member charge).....\$39

Additional pairs of eyeglasses.....30% discount<sup>1</sup>



1. Some limitations apply to additional discounts; discounts not applicable at all in-network providers. Davis Vision has done its best to accurately reflect plan coverage herein. If differences exist between this document and the plan contract, the contract will prevail.