



Patrick K. Ryan, County Executive  
[www.ulstercountyny.gov/personnel/](http://www.ulstercountyny.gov/personnel/)

**Benefit Open Enrollment**  
*November 1—November 29, 2019*

**Benefit Plan Year**  
*January 1—December 31, 2020*

# 2020 Medicare Eligible Retiree Benefits Guide



## Benefits Offered

Medical | Medical or Buyout Subsidy | Dental | Vision

Benefits provided in association with



**Questions | Help**  
**1-800-836-0026**

**ULSTER COUNTY PERSONNEL DEPARTMENT**  
244 Fair Street, PO Box 1800, Kingston, New York 12402-1800  
Main: (845) 340-3550  
Exam Hotline: (845) 334-5454  
Fax: (845) 340-3592

**PATRICK K. RYAN**  
County Executive



**SHEREE CROSS**  
Personnel Officer

**JAMES FARINA**  
Director of Employee Relations

TO: Ulster County Retiree  
FROM: Sheree Cross, Personnel Officer  
DATE: October 28, 2019  
RE: 2020 Health Insurance Rates and Important Changes for **Medicare Eligible Retirees**

Ulster County is excited to announce that we will be offering Aetna coverage as the Medicare Advantage Program again for the 2020 Calendar year. The rates have remained at a great cost savings to our Retirees. We encourage all retirees to review the information about the Aetna Medicare Advantage Plan.

**ALL RETIREES AND SPOUSES MUST COMPLETE AND RETURN THE FORM FOUND ON THE BOTTOM OF PAGE 2 BY 11/29**

The County will offer **one** Aetna Medicare Advantage Plan for retirees to enroll in. For your reference, your Ulster County percentage can be found on your envelope label after your name.

RETIREE PREMIUM FOR AETNA, DENTAL & VISION			
COUNTY PAY PERCENTAGE	MONTHLY PREMIUM	QUARTERLY SUBSIDY	ANNUAL SUBSIDY
50%	\$61	---	---
60%	\$20	---	---
65%	---	---	---
70%	---	\$63	\$252
75%	---	\$123	\$492
80%	---	\$186	\$744
85%	---	\$246	\$984
90%	---	\$309	\$1,236
100%	---	\$432	\$1,728

A few highlights regarding the plan:

- o Coordinates with Medicare (Part A & Part B) – no claim forms required
- o National Network of Providers
- o Full prescription drug coverage
- o Hearing Aid Reimbursement
- o Fitness Benefit

Retirees are encouraged to check with their current providers to ensure their providers are participating in this benefit plan. If your current provider does not accept Aetna, please call our office for more information, as you may still be able to see those providers.

**\*Subsidy paid quarterly to Retirees for themselves and their spouse via a check or direct deposit**

All Retirees will be enrolled in the MetLife Dental program and the Davis Vision program.

**If you choose the Aetna Plan coverage, and you are new to the plan then you must complete the Application available from the Benefits Office and return the short form on the next page. If you are continuing the plan you need only to confirm your desire by completing the short form on the next page.**

**Each retiree and spouse (dependent) must complete one form, one for each person. This form must be returned by November 29, 2019 to the Ulster County Benefits Office, Attn: Kevin Roach, P.O. Box 1800, Kingston, NY 12402.**

### **Non-Payment Clause**

If you are paying a premium for your Aetna Plan, you must be sure to have the premium funds available for automatic withdrawal by the 15<sup>th</sup> of each month. If funds are not available on a timely basis, Ulster County reserves the right to cancel coverage for the unpaid months. The first 2020 payment will be December 15<sup>th</sup>, 2019.

### **Questions?**

If you have any questions, please call Kevin Roach, Employee Benefits Administrator at (845) 340-3545 or Mary Connolly, Employee Benefits Specialist at (845) 340-3546. You can find more information about your coverages at: <https://ulstercountyny.gov/personnel/index.html>

### **Opt-Out/Subsidy Plan for 2020**

If you are not accepting the Aetna plan, the Subsidy Payment will be paid quarterly for 2020 as was done in 2019. Please see the chart below. These payments will be paid by check to the Retiree for themselves and their spouse. There will not be an HRA reimbursement account for 2020. Complete the form below.

QUARTERLY SUBSIDY FOR RETIREES NOT ENROLLING IN AETNA INCLUDING DENTAL & VISION		
COUNTY PAY PERCENTAGE	QUARTERLY SUBSIDY	ANNUAL SUBSIDY
50%	\$432.00	\$1,728
60%	\$519.00	\$2,076
65%	\$564.00	\$2,256
70%	\$606.00	\$2,424
75%	\$651.00	\$2,604
80%	\$693.00	\$2,772
85%	\$735.00	\$2,940
90%	\$780.00	\$3,120
100%	\$867.00	\$3,468

### **Confirmation of Coverage Aetna Medicare Advantage Program or Subsidy Program**

**Please check ONE of the three options below and return to the Benefits Office by November 29, 2019.**

\_\_\_\_\_ I wish to continue with Aetna Medicare Advantage Program for the 2020 year. I agree to continue to allow the monthly payment from my bank account as required.

\_\_\_\_\_ I would like to enroll in the Aetna program and I will also complete the Enrollment form. I agree to allow the monthly payment from my bank account as required. (An Automatic Bank withdrawal form will be sent to you with the Aetna documents.)

\_\_\_\_\_ I wish to continue with the Subsidy Program for the 2020 year. I understand that I will receive quarterly payments.

\_\_\_\_\_ I would like to switch to the Subsidy Program for the 2020 year. I understand that I will receive quarterly payments. I understand I must have insurance coverage in place to be eligible for the subsidy.

To elect coverage, everyone must sign below. If I am the spouse of an Ulster County retiree, I also hereby certify that I am still married to the retiree and therefore eligible for continuing coverage.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date



# Aetna Medicare Advantage Plan—2020

## Important benefits only available with Medicare Advantage

Programs like these can help you reach your health potential at no extra cost:

### Your questions — answered, any time any day

On our toll-free Informed Health® Line, you can ask an Aetna nurse any health-related questions

### Help finding everyday services you need

Our Resources For Living® team can find help such as home-delivered meal services, transportation and in-home care

\*\*\*There's no cost for Aetna's research and referrals. You'd pay for any referred services you use.

### Advice on your health goals — in the comfort of home

At an optional Healthy Home Visit, an Aetna health professional will listen to your health history and goals, answer your questions and provide advice

Silver Sneakers-Free membership program

### Have a health advocate if you need one

You may not need help today, but once you do, an Aetna Nurse Advocate can work closely with your doctors to help you manage your conditions and navigate complex medical issues.

## Points to Consider

- Use any Provider if they accept Medicare and agree to bill your plan. They do not need to be in the Aetna network. Coverage Nationwide and for Emergencies and Urgent Care Worldwide.
- Medicare Advantage with Prescription Coverage-Part D drug plan without a coverage gap or "donut hole"
- Easy to use - One ID card for both Medical and Pharmacy
- Advocacy programs for help with multiple chronic conditions
- Additional benefits such as "Silver Sneakers" free gym membership and programs and additional Preventive services such as eye exams and hearing exams at no cost.
- Hearing Aid Reimbursement of \$600 every 36 months.

## Plan Highlights

PLAN FEATURES	BENEFIT
Deductible	\$0
Out-of-pocket maximum	\$4,000
Preventive care	\$0
Primary care office visit	\$15
Specialty care office visit	\$20
Inpatient hospital	\$100
Outpatient surgery	\$0
Emergency room	\$75
Skilled Nursing Facility	\$0
Hearing Aid Allowance	\$600 every 36 months
Out-of-network cost share	Not applicable / same as in-network

# Aetna Medicare Advantage Plan—2020

## PHARMACY - PRESCRIPTION DRUG BENEFITS

**Calendar-year deductible for prescription drugs** \$0

Prescription drug calendar year deductible must be satisfied before any Medicare Prescription Drug benefits are paid. Covered Medicare Prescription Drug expenses will accumulate toward the pharmacy deductible.

### Pharmacy Network

S2

Your Medicare Part D plan is associated with pharmacies in the above network. To find a network pharmacy, you can visit our website (<http://www.aetnaretireeplans.com>).

### Formulary (Drug List)

GRP B2

Your cost for generic drugs is usually lower than your cost for brand drugs. However, Aetna in some instances combines higher cost generic drugs on brand tiers.

5 Tier Plan	Retail cost-sharing up to a 30-day supply	Retail cost-sharing up to a 90-day supply	Preferred mail order cost-sharing up to a 90-day supply
<b>Tier 1 - Preferred Generic Drugs</b>	\$0	\$0	\$0
<b>Tier 2 - Generic Drugs</b>	\$10	\$20	\$20
<b>Tier 3 - Preferred Brand,</b> <i>Includes some high-cost generic and preferred brand drugs</i>	\$30	\$60	\$60
<b>Tier 4 - Non-Preferred Drugs</b> <i>Includes some high-cost generic and non-preferred brand drugs</i>	\$60	\$120	\$120
<b>Tier 5 - Specialty</b> <i>Includes high-cost/unique generic and brand drugs</i>	\$60	Limited to one-month supply	Limited to one-month supply

### Important plan information

Aetna Medicare is a PDP, HMO, PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.



[aetnaretireeplans.com](http://aetnaretireeplans.com)

GRP\_4041\_1774\_M 10/2018  
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72.03.666.1 (9/18)

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# ACH Form for Relph Benefit Advisors Inc

## AUTOMATIC PAYMENT (ACH) REQUEST FORM

### PLEASE READ:

1. For Retiree billing, you must be paid through the current coverage month. Please note, ACH is only available for monthly billing periods.
2. Complete **Section 1** -- Participant Information.
3. Attach a voided check (or photocopy). We are not able to accept deposit slips; they do not always show the required information.
4. If you do not supply a voided check, complete **Section 2**.
5. Complete **Section 3** and mail the form along with your voided check to the address below.
6. When adding your ACH, please note we need to receive notification at least 10 days prior to the 1<sup>st</sup> of the month.
7. When canceling or changing your ACH, please note we need to receive notification at least 15 days prior to the 1<sup>st</sup> of the month of your request. If your request is **received after** this timeframe, we will continue to process your ACH as normal.
8. We are not able to process incomplete forms.

### SECTION 1 - PARTICIPANT INFORMATION

<input type="checkbox"/> <b>ADD AUTHORIZATION</b>	<input type="checkbox"/> <b>CANCEL AUTHORIZATION</b> Effective:	<input type="checkbox"/> <b>CHANGE AUTHORIZATION</b> Effective:
---	--	--

**Your Full Name** (please print clearly)

**Your Social Security Number**

-   -

**Phone Number:**

**Member ID Number:**

### SECTION 2 - BANK ACCOUNT INFORMATION

**Bank Name:**

**Account Type** (check one)

☐ CHECKING ☐ SAVINGS

**Routing Number:**

**Account Number:**

1200

PAY TO THE ORDER OF \_\_\_\_\_ \$

\_\_\_\_\_ DOLLARS

FOR \_\_\_\_\_

⑆122105278⑆ 6724301066 ⑈ 1200⑈

Routing Number Account Number Check Number

### SECTION 3 - AUTHORIZATION SIGNATURE

**Authorized Account Holder Signature**

**Date**

I authorize Relph Benefit Advisors Inc ("Company") to initiate a debit from my checking or savings account for my recurring scheduled payment via ACH. If the required payment changes for any reason, this authorization will be automatically amended to authorize the debit of the amount equal to the new required premium payment plus any additional service fees, if any.

This authorization is to remain in full force and effective until Company has received written notification from me of its termination in such time and manner as to afford Company a reasonable opportunity to act on it. I understand that automatic debits will automatically cease if my coverage ends, is terminated or my automatic debit rejects for insufficient funds. I understand and agree to the terms outlined and authorize Company to make appropriate changes to my required premium deduction as necessary.

**Return This Form & Check To:**

**Relph Benefit Advisors Inc**  
PO BOX 2167  
Omaha, NE 68103-3850

**All Other Questions & Support Issues:**

**Relph Benefit Advisors Inc**  
400 WillowBrook Office Park  
Ste 400  
Fairport, NY 14450  
(800)836-0026

Date Rec'd  
Date Processed

Processor  
V&V



# Direct Deposit Form

## ULSTER COUNTY DEPARTMENT OF FINANCE DIRECT DEPOSIT OF SUBSIDY ENROLLMENT FORM

**DIRECTIONS:** To enroll, read the conditions below fill in the information requested in Section 1. *If depositing to a MHVFCU account, please have a letter from them stating account number.* You and any joint account holders must sign this form. Return the completed form via interoffice or U.S. Mail to: Payroll Unit, Ulster County Department of Finance, PO Box 1800, Kingston, NY 12402-1800.

SECTION 1. NEW _____	CHANGE _____	CANCELLATION _____																	
<div style="display: flex; justify-content: space-between;"><div>Name: _____</div><div>Employee Number: _____</div></div> <div style="margin-top: 5px;">Department: _____</div> <div style="margin-top: 5px;">Work Telephone Number: _____</div>																			
<b>ACCOUNT INFORMATION</b> (Circle One)    Checking Account –    Attach voided check Savings Account –    Attach savings account deposit slip or copy of the top of your statement showing your name, account number and your financial institution name (not your balance or account detail) and have your Financial Institution enter their Transit/Routing Number here: <div style="margin-left: 350px; border: 1px solid black; padding: 2px; display: inline-block;">RTN: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></div>																			

**INITIAL ENROLLMENT:** Your wages will be direct deposited beginning with the second payroll after you enroll. If you are direct depositing to the Ulster Federal Credit Union, your direct deposit will begin with the first payroll after you enroll. In place of a regular paycheck, you will receive an Advice of Deposit, which has a statement of earnings and deductions exactly like a regular paycheck, and includes information showing how your wages were deposited.

**AUTHORIZATION FOR RECOVERY OF FUNDS DEPOSITED IN ERROR:** By signing this form, you and your joint account holder, if any, each agree to immediately repay to the County Finance department any salary payments to which you are not entitled, which were deposited to your account in error. The County Finance department will most often electronically recover these funds by reversing the overpayment from your account via the ACH System. This means of recovery shall not prevent the County Finance department from utilizing any other lawful means to retrieve salary payments to which you are not entitled.

**CHANGING FINANCIAL INSTITUTIONS:** You may change financial institutions by completing a new enrollment form, checking the word **Change** next to Type of Authorization at the top of Section 1. The new enrollment will cancel the enrollment at the previous financial institution. This type of change requires one payroll period (two in some cases) before it becomes effective. During this time, you will receive a regular paycheck. Do not close the account where your payment is direct deposited until you have received a regular pay check or an Advice of Deposit showing the new bank and account number.

**CANCELLATIONS:** The agreement represented by this authorization remains in effect until canceled by you. To cancel, you must complete a new enrollment form, circling the word Cancel after Type of Authorization. You should also write CANCEL in the box for ACCOUNT INFORMATION. This agreement may also be canceled by the financial institution by providing you and the County Finance department with a written notice thirty days in advance of the cancellation date. The financial institution cannot cancel this agreement without notification to both you and the County Finance department. A cancellation does not become effective until received and processed by the County Finance department. Do not close the account where your payment is direct deposited until you have received a regular paycheck.

**KEEP A COPY OF THIS ENROLLMENT FORM FOR YOUR RECORDS**



# Retiree Form-2020



## County of Ulster Medicare Eligible Retiree or Spouse Information Form

Please complete this form and return to Personnel/Employee Benefits.

### Personal Information (Please fill out all applicable fields)

Full Name: \_\_\_\_\_  
Last First M.I.

Mailing Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Retirement Date: \_\_\_\_\_ % Covered: 50% 60% 65% 70% 75% 80% 85% 90% 100%

### Medicare Information

Name: \_\_\_\_\_

Medicare #: \_\_\_\_\_

Part A Eligible Date: \_\_\_\_\_

Part B Date: \_\_\_\_\_

MEDICARE HEALTH INSURANCE	
1-800-MEDICARE (1-800-633-4227)	
NAME OF BENEFICIARY <b>JANE DOE</b>	
MEDICARE CLAIM NUMBER <b>000-00-0000-A</b>	SEX <b>FEMALE</b>
IS ENTITLED TO <b>HOSPITAL (PART A)</b>	EFFECTIVE DATE <b>07-01-1986</b>
<b>MEDICAL (PART B)</b>	<b>07-01-1986</b>
SIGN HERE → <i>Jane Doe</i>	

### Emergency Contact Information (This is someone OTHER THAN a spouse)

Full Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State ZIP Code

Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Please return completed form to:  
Mail to: Employee Benefits, 244 Fair Street Kingston, New York 12401  
Email: [mcon@co.ulster.ny.us](mailto:mcon@co.ulster.ny.us)  
Questions? Please call: (845) 340-3545 or (845) 340-3546

# Dental Plan—MetLife

## NEW PROVIDER—SAME BENEFITS | Group ID Number: 217284

<b>PROVIDER: METLIFE ELIGIBILITY</b>	Primary enrollee, spouse and eligible dependent children to the end of the month that dependent turns 26
<b>Deductibles</b> Waived for Diagnostic & Preventive & Orthodontics	\$50 per person / \$150 per family each calendar year Yes
<b>Maximums</b> Diagnostic & Preventive counts toward maximum	\$1,500 per person each calendar year Yes

<b>Benefits &amp; Covered Services*</b>	<b>In-Network Providers</b> Negotiated Fee Schedule	<b>Out-of-Network* Providers</b> R & C 90 <sup>th</sup> Percentile
<b>Diagnostic &amp; Preventive Services</b> Exams, cleanings, x-rays, sealants	100%	100%
<b>Basic Services</b> -Fillings	80%	80%
<b>Endodontics</b> (root canals)	80 %	80 %
<b>Periodontics</b> (gum treatment)	80 %	80 %
<b>Oral Surgery</b>	80 %	80 %
<b>Major Services</b> -Crowns, inlays, onlays & cast restorations	50%	50%
<b>Prosthodontics</b> -Bridges, dentures, implants, TMJ	50%	50%
<b>Orthodontic Benefits</b> -dependent children to age 19	50%	50%
<b>Orthodontic Maximums</b>	\$1500 Lifetime	\$1500 Lifetime

\* **Out of Network benefits** are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary (R & C) charge is based on the lowest of (1) the dentist's actual charge (the 'Actual Charge'), (2) the dentist's usual charge for the same or similar services (the 'Usual Charge') or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). Services must be necessary in terms of generally accepted dental standards.

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

### Understanding Your Dental Benefits Plan

The Preferred Dentist Program is designed to provide the dental coverage you need with the features you want. Like the freedom to visit the dentist of your choice—in or out of the network.

- Your plan benefits are based on the percentage of the negotiated fee – the fee that the participating dentists have agreed to accept as payment in full for covered services.

#### Take advantage of online self-service capabilities with MyBenefits.

- Check the status of your claims
- Locate a participating PDP dentist
- Access MetLife's Oral Health Library
- Elect to view your Explanation of Benefits online

If you are not already registered, just go to [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) and follow the easy registration instructions.

# Dental Plan—MetLife / Find a Dental Provider

## Select: PDP Plus Network

With MetLife Dental insurance, you can choose from thousands of general dentists and specialists nationwide. You can find the names, addresses, languages spoken and phone numbers of participating dentists by searching our online **Find a Dentist** directory.



**Step 1:**  
Go to [metlife.com](https://www.metlife.com)



**Step 2:**  
Select "I want to  
find a MetLife:"

Click "Dentist" and enter  
your ZIP Code, and select  
your network.



**Step 3:**  
Advanced Search

Use the Advanced Search  
option to locate a dentist  
by name, language spoken,  
specialty or gender.

I am interested in:

Please Select Insurance Type

GO

I want to find a MetLife:

Dentist Vision Provider

SUBMIT



**MetLife Network:** Preferred Dentist Plus Network (PDP Plus)

**Group ID Number:** 217284

# Vision Plan—Davis Vision

**DAVIS VISION**  
EYECARE REFRAMED™

## The County of Ulster

### Premier Vision Plan

Healthy eyes and clear vision are an important part of your overall health and quality of life. Your vision plan helps you care for your eyes while saving you money by offering:

**Paid-in-full eye examinations, eyeglasses and contacts!**

*Frame Collection:* Your plan includes a selection of designer, name brand frames that are completely covered in full.<sup>1</sup>

*Contact Lens Collection:* Select from the most popular contact lenses on the market today with Davis Vision's Contact Lens Collection.<sup>1</sup>

**One-year eyeglass breakage warranty included on plan eyewear at no additional cost!**

#### How to locate a Network Provider...

Just log on to the Open Enrollment section of our Member site at [davisvision.com](http://davisvision.com) and click "Find a Provider" to locate a provider near you including:



**Contact your Human Resources department today to enroll.**

For more details about the plan, just log on to the Open Enrollment section of our Member site at [davisvision.com](http://davisvision.com) or call 1.877.923.2847 and enter Client Code 2769

<sup>1</sup>The Davis Vision Collection is available at most participating independent provider locations. Collection is subject to change.

<sup>2</sup>Additional discounts not applicable at Walmart, Sam's Club or Costco locations.

<sup>3</sup>Including, but not limited to toric, multifocal and gas permeable contact lenses.

<sup>4</sup>Transitions® is a registered trademark of Transitions Optical Inc.

Davis Vision has made every effort to correctly summarize your vision plan features. In the event of a conflict between this information and your organization's contract with Davis Vision, the terms of the contract or insurance policy will prevail.

OE1004 10/9/15

#### IN-NETWORK BENEFITS

Eye Examination	Every 12 months, Covered in full
<b>Eyeglasses</b>	
Spectacle Lenses	Every 12 months, Covered in full For standard single-vision, lined bifocal, or trifocal lenses
Frames	Every 12 months, Covered in full Any Fashion, Designer or Premier frame from Davis Vision's Collection <sup>1</sup> (value up to \$190) OR \$150 retail allowance toward any frame from provider, plus 20% off balance <sup>2</sup>
<b>Contact Lenses</b>	
Contact Lens Evaluation, Fitting & Follow Up Care	Every 12 months, Collection Contacts: Covered in full OR Non Collection Contacts: Standard Contacts: 15% discount <sup>2</sup> Specialty Contacts <sup>3</sup> : 15% discount <sup>2</sup>
Contact Lenses (in lieu of eyeglasses)	Every 12 months, Covered in full Any contact lenses from Davis Vision's Contact Lens Collection <sup>1</sup> OR \$150 retail allowance toward provider supplied contact lenses, plus 15% off balance <sup>2</sup>

#### ADDITIONAL DISCOUNTED LENS OPTIONS & COATINGS

MOST POPULAR OPTIONS <small>Savings based on in-network usage and average retail values.</small>	Without Davis Vision	With Davis Vision
Scratch-Resistant Coating	\$25	\$0
Polycarbonate Lenses	\$66	\$0
Standard Anti-Reflective (AR) Coating	\$83	\$35
Standard Progressives (no-line bifocal)	\$198	\$0
Photochromic Lenses (i.e. Transitions®, etc.) <sup>4</sup>	\$110	\$65

#### Lower costs and more benefits! See the savings!

Service	Without Davis Vision	With Davis Vision
Eye Examination	\$103	\$0
Lenses		
Bifocals	\$116	\$0
Scratch-Resistant Coating	\$25	\$0
Transitions® <sup>4</sup>	\$110	\$65
Frame	\$160	\$0
Total	\$514	\$65

Savings up to:  
**\$449**



# Vision Plan—Davis Vision

## Davis Vision plans offer...

### Value for our Members

A comprehensive benefit ensuring low out-of-pocket cost to members and their families. Our goal is 100% member satisfaction.

### Convenient Network Locations

A national network of credentialed preferred providers throughout the 50 states.

### Freedom of Choice

Access to care through either our network of independent, private practice doctors (optometrists and ophthalmologists) or select retail partners.

### Value-Added Features:

- Mail Order Contact Lenses Replacement contacts (after initial benefit) through 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 discounts of up to 25% off the provider's Usual & Customary fees, or 5% off advertised specials, whichever is lower.

### Contact Info

For more details about the plan, just log on to the Open Enrollment section of our Member site at [davisvision.com](http://davisvision.com) or call 1.877.923.2847 and enter Client Code 2769.

ADDITIONAL OPTIONS	WITHOUT DAVIS VISION	WITH DAVIS VISION
<b>FRAMES</b>		
Fashion Frame (from the Davis Vision Collection)	\$100	\$0
Designer Frame (from the Davis Vision Collection)	\$160	\$0
Premier Frame (from the Davis Vision Collection)	\$195	\$0
<b>LENSES</b>		
All Ranges of Prescriptions and Sizes	\$90	\$0
Plastic Lenses	\$78	\$0
Oversized Lenses	\$20	\$0
Tinting of Plastic Lenses	\$25	\$0
Scratch-Resistant Coating	\$25	\$0
Polycarbonate Lenses	\$66	\$0
Ultraviolet Coating	\$25	\$0
Standard Anti-Reflective (AR) Coating	\$83	\$35
Premium AR Coating	\$104	\$48
Ultra AR Coating	\$121	\$60
Standard Progressive Addition Lenses	\$198	\$0
Premium Progressives Addition Lenses	\$247	\$40
Ultra Progressives Addition Lenses	\$369	\$90
High-Index Lenses	\$120	\$55
Polarized Lenses	\$103	\$75
Photochromic Lenses (i.e. Transitions®, etc.) <sup>1</sup>	\$110	\$65
Scratch Protection Plan (Single vision   Multifocal lenses)		\$20   \$40

<sup>1</sup> Transitions® is a registered trademark of Transitions Optical, Inc.

### Out-of-Network Benefits

You may receive services from an out-of-network provider, although you will receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network. If you choose an out-of-network provider, you must pay the provider directly for all charges and then submit a claim for reimbursement to:

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

### OUT-OF-NETWORK REIMBURSEMENT SCHEDULE

Eye Examination up to \$40 | Frame up to \$50  
Spectacle Lenses (per pair) up to:  
Single Vision \$40, Bifocal \$60, Trifocal \$80, Lenticular \$100  
Elective Contacts up to \$105, Visually Required Contacts up to \$225