

Welcome to your vision plan, powered by 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 Member.ExcellusBCBS.com to access your vision plan details or call us at 1.888.921.1194.

Make an appointment. Tell your provider you are an Excellus BCBS member with coverage through Davis Vision. Provide your member ID number (located on your member card), 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 Simply Vision Gold Benefits



Benefit	Frequency Once every -	In-network Copay	In-network Coverage
Eye Examination	January 1	\$10	Covered in full, after copay. <i>Includes dilation when professionally indicated.</i>
Spectacle Lenses	January 1	\$25	Clear plastic lenses in any single vision, bifocal, trifocal or lenticular prescription. Covered in full, after copay. (See below for additional lens options and coatings.)
Frame	other January 1	\$0	<p>Covered in Full Frames: Any Fashion, Designer or Premier level frame from the Exclusive Collection² (retail value, up to \$195).</p> <p>OR, Frame Allowance: \$150 toward any frame from provider plus 20% off any balance.¹ No copay required.</p> <p>OR, Visionworks Frame Allowance: \$200 allowance plus 20% off any balance toward any frame from a Visionworks family of store locations.⁴ No copay required.</p>
Contact Lens Evaluation, Fitting & Follow Up Care	January 1	\$25	<p>Davis Vision Collection Contacts: After copay, covered in full.</p> <p>Standard, Soft Contacts: After copay, covered in full.</p> <p>Specialty Contacts³: \$60 allowance, plus 15% off balance¹. No copay required.</p>
Contact Lenses (in lieu of eyeglasses)	January 1	\$0	<p>Covered in Full Contacts: From Davis Vision's Collection², up to: Planned Replacement Four boxes/multi-packs* Disposable Eight boxes/multi-packs*</p> <p>OR, Contact Lens Allowance: \$150 allowance toward any contacts from provider's supply plus 15% off balance.¹ No copay required.</p> <p>OR, Visually Required Contacts: Covered in full with prior approval.</p> <p><small>*Number of contact lens boxes may vary based on manufacturer's packaging.</small></p>

	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	\$0
Anti-Reflective Coating: Standard Premium Ultra Ultimate	\$35 \$48 \$60 \$85
Polycarbonate Lenses	\$0
High-Index Lenses 1.67 1.74	\$55 \$120
Progressive Lenses: Standard Premium Ultra Ultimate	\$0 \$40 \$90 \$125
Polarized Lenses	\$75
Photochromic Lenses (i.e. Transitions®, etc.) ⁵ Glass Plastic	\$0 \$65
Intermediate (Digital) Single Vision Lenses	\$0
Scratch Protection Plan: Single Vision Multifocal Lenses	\$20 \$40
Blended Lenses	\$0
Trivex Lenses	\$50
Blue Light Filtering	\$15
Additional Savings!	
Retinal Imaging	\$39

¹ Some limitations apply to additional discounts, discounts not applicable at all in-network providers.

² The Exclusive Collection is available at most participating independent provider locations.

³ Including, but not limited to toric, multifocal and gas permeable contact lenses.

⁴ Enhanced frame allowance available at all Visionworks Locations nationwide Excludes Maui Jim eyewear.

⁵ 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.

Disclaimer: This document is not a contract. It is only intended to highlight the coverage of this program. Benefits are determined by the terms of the contract. Any inconsistencies between this document and the contract shall be resolved in favor of the contract in effect at the time services are rendered. All benefits are subject to medical necessity. All day and visit limits are combined limits for both in and out of network benefits.

Excellus BlueCross BlueShield is a nonprofit independent licensee of the Blue Cross Blue Shield Association.

Frequently Asked Questions

How can I contact Member Services?

Call 1.888.921.1194 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 the Exclusive 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 Member.ExcellusBCBS.com to access your Davis Vision account 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 Member.ExcellusBCBS.com in the vision plan section.

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/progressive - \$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. See member certificate for full exclusions.

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.⁶

Mail Order Contact Lenses Replacement contacts (after initial benefit) through 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 Member.ExcellusBCBS.com and navigate to your Davis Vision account.

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 about Davis Vision or to obtain a copy of Davis Vision's Privacy Practices Notice, please log on to Member.ExcellusBCBS.com to access your vision plan details or contact us at 1.888.921.1194.

Excellus BCBS and Davis Vision have made every effort to correctly summarize your vision plan features herein. In the event of a conflict between this information and your member contract, the terms of the contract will prevail.

Davis Vision is an independent company providing vision benefit management services and access to their network.

⁶Some limitations apply to additional discounts, discounts not applicable at all in-network providers.