

# Vision Care Rider Premier Option



Blue Cross and Blue Shield  
of New Mexico

This *Vision Care Rider* is made part of, and is in addition to any information you may have in your Blue Cross and Blue Shield of New Mexico (BCBSNM) member benefit booklet or any previous vision care rider, endorsement, or amendment you may have received. BCBSNM underwrites this *Vision Care Rider* and has partnered with Davis Vision®, Inc., also referred to as the “vision care plan administrator.” Davis Vision provides customer service and claims administration services to members enrolled in the Premier vision care plan. The relationship between BCBSNM and Davis Vision is that of independent contractors. Through our arrangement with Davis Vision, your employees will have access to Davis Vision’s extensive network of vision care providers.

This *Vision Care Rider* provides information about coverage for the routine vision care services outlined below, which are specifically excluded under your medical/surgical health care plan. **(Services that are covered under your medical/surgical plan are not covered under this *Vision Care Rider*.) All provisions in the medical plan booklet apply to this *Vision Care Rider* unless specifically indicated otherwise below.**

BY:

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This BCBSNM vision care plan allows members to select the provider of their choice, in or out of the network. BCBSNM has designed benefit plans to deliver quality care, matched with comprehensive benefits, at the most affordable cost, through in-network services. You also have the flexibility to visit an out-of-network provider, with a reduction in benefits. **Note:** None of the services and products covered under this *Vision Care Rider* count toward medical/surgical plan deductibles or to any annual or lifetime maximums or out-of-pocket limits under the medical/surgical plan.

## Definitions

**Benefit Period** – For purposes of this *Vision Care Rider*, a period of time that begins on the later of: 1) the member’s effective date of coverage under this *Vision Care Rider*, or 2) the last date a vision examination was performed on the member or that vision materials were provided to the member, whichever is applicable. (A benefit period does not coincide with a calendar year and may differ for each covered member of a group or family.)

**Medically Necessary Contact Lenses** – Contact lenses may provide superior visual and physical results to spectacles in individuals with certain eye conditions. For purposes of this *Vision Care Rider*, those conditions are limited to the following: keratoconus when the patient is not correctable to 20/30 in either or both eyes using standard spectacle lenses; high ametropia exceeding 12 D or +9 D in spherical equivalent; anisometropia of 3 D or more; patients whose vision can be corrected two lines of improvement on the visual acuity chart when compared to best corrected standard spectacle lenses.

**Provider** – For purposes of this *Vision Care Rider*, a licensed ophthalmologist or optometrist operating within the scope of his or her license or a dispensing optician. An “in-network” provider is a provider who has contracted with the vision care plan administrator, Davis Vision. An “out-of-network” provider has not contracted with Davis Vision (even if such provider is contracted with BCBSNM to render covered services under your medical/surgical health care plan).

BCBSNM is a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

**Vision Examination** – A vision testing exam, including a determination as to the need for correction of visual acuity and prescribing lenses, if needed, that is performed by a licensed physician or optometrist who is operating within the scope of his/her license. A vision examination (including dilation, if necessary) includes but is not limited to the following procedures:

- case history, including chief complaint and/or reason for visit, patient medical/eye health history, and record of current medications; record of visual acuities with/without present correction, if applicable
- pupil responses, external exam findings, internal exam findings, screening of visual fields perception
- present prescription
- retinoscopy (when applicable), subjective refraction at far and near point
- binocular and ocular mobility testing
- test of accommodation and/or near point refraction
- tonometry, to include pressures, time of day, and type of instrument used (a reasonable attempt at tonometry or equivalent testing will be made unless, in the physician's professional opinion, tonometry is contraindicated)
- diagnosis/prognosis and/or specific recommendations

**Vision Materials** – Corrective lenses and/or frames or contact lenses.

## Eligibility

When dependents are added to or terminated from an employee's medical/surgical plan, the same enrollment changes are made to coverage under this *Vision Care Rider*. **Note:** Once coverage is lost under the medical/surgical plan, all benefits cease under this *Vision Care Rider*. Extension of benefits due to disability, state or federal continuation coverage, and conversion option privileges are **not** available under this *Vision Care Rider*.

## Limitations and Exclusions

In addition to the general limitations and exclusions listed in your medical/surgical plan benefit booklet, this *Vision Care Rider*, does not cover services or materials connected with or charges arising from:

- orthoptic or vision training, subnormal vision aids, and any associated supplemental testing
- aniseikonic lenses
- medical and/or surgical treatment of the eye, eyes, or supporting structures
- any eye or vision examination, or any corrective eye wear required by an employer as a condition of employment, and safety eyewear
- plano nonprescription lenses or nonprescription sunglasses (except for 20 percent discount for materials purchased from an in-network provider)
- services covered under your medical/surgical plan
- replacement of lost, stolen, damaged, or broken materials, unless otherwise covered through warranty
- services of unlicensed personnel
- two pairs of eyeglasses in lieu of a bifocal

## How the Premier Vision Care Plan Works

Under the Premier vision care plan option, you may visit any covered provider and receive benefits (as listed on the "Summary of Premier Benefits") for a vision examination. In order to maximize benefits for most covered vision materials, however, you must purchase them from an in-network provider. (An "in-network" provider is one who contracts with the vision care plan administrator, Davis Vision, to provide services covered under this *Vision Care Rider* to enrolled members. Providers who contract with BCBSNM are not considered "in-network" for purposes of this *Vision Care Rider*, unless he/she also contracts with Davis Vision.)

Before you go to an in-network vision care plan provider for an eye examination, eyeglasses, or contact lenses, please call ahead for an appointment. When you arrive, show the receptionist your BCBSNM health care plan or your vision plan identification card (the ID numbers should be the same). If you forget to take your card, be sure to say that you are a member of the BCBSNM Premier vision care plan so that your eligibility can be verified.

To locate an in-network vision care provider, visit Davis Vision's Web site at [www.davisvision.com](http://www.davisvision.com) and use the convenient "Find a Doctor" feature, or call 1-877-393-2393 to obtain a list of the in-network vision care plan providers nearest you.

After you choose and order your eyeglasses or contacts from an in-network provider, your eyewear will be delivered to the provider from the Davis Vision Laboratory – generally within two to five business days from the date of the order. More delivery time may be needed for out-of-stock frames, ARC (anti-reflective coating), specialized prescriptions, or when an in-network provider's frame that is not offered under the Davis Vision Collection is selected. If you obtain glasses or contacts from an out-of-network provider, you must pay the provider in full and submit a claim to Davis Vision for reimbursement (see "Claims Filing" for more information).

You may also shop for eyewear from a wide variety of frames included in "The Collection." Visit the Davis Vision Web site at [www.davisvision.com](http://www.davisvision.com) to learn where you can view "The Collection" on-line using the Personal Frame Collection option after you sign in.

You may receive your eye examination and eyeglasses/contacts on different dates or through different provider locations, if desired. However, complete eyeglasses must be obtained at one time, from one provider. Continuity of care will best be maintained when all available services are obtained at one time from one in-network provider and there may be additional professional charges if you seek contact lenses from a provider other than the one who performed your eye examination.

Fees charged for services other than a covered vision examination or covered vision materials, and amounts in excess of those payable under this *Vision Care Rider*, must be paid in full by you to the provider, whether or not the provider participates in the vision care plan network. Benefits under this *Vision Care Rider* may not be combined with any discount, promotional offering, or other group benefit plans. Allowances are one-time use benefits; no remaining balances are carried over to be used later.

## Using the "Value-Added" Programs

In addition to the benefits for examinations and vision materials listed on the "Summary of Premier Benefits" on the last page of the *Vision Care Rider*, Davis Vision offers these exciting features at no additional cost:

**Lens 1-2-3<sup>®</sup> Program:** This is a mail-order contact lens replacement program offered to BCBSNM vision care plan members by Davis Vision. Through this value-added program, members enjoy significant savings of up to 50 percent off retail for replacement contact lenses and solutions. Members may call **1-800-LENS-1-2-3**

(1-800-536-7123) to order replacement contact lenses and solutions and receive them in the mail with guaranteed low prices. For more information, you may also visit the Lens 1-2-3 Web site at [www.Lens123.com](http://www.Lens123.com).

**Laser Vision:** The Davis Vision Laser Correction Program is delivered nationally through a network of ophthalmologists, eye surgeons, and Eyecare Centers of Excellence. Members receive fixed discounted pricing on Laser Vision Correction procedures, including Traditional Lasik and Custom Lasik. See your "Summary of Premier Benefits" for details.

## Claims Filing and Appeal Procedures

### In-Network Vision Services

When you receive vision services at an in-network vision plan provider location, you will not have to file a claim form. At the time services are rendered, you will have to pay the cost of any services or eyewear that exceeds any allowances, and any applicable copayments. You will also owe state tax, if applicable, and the cost of noncovered expenses (for example, vision perception training).

### Claims for Out-of-Network Vision Services

When you receive covered vision services outside of the vision plan provider network, you will need to file a claim form. You can obtain a claim form from a Davis Vision Member Services Representative or by accessing the website at [www.davisvision.com](http://www.davisvision.com). Be sure to fill out the claim form completely. You must submit your claim form no more than **90 calendar days** after the services were provided. If you choose to go to an out-of-network provider, please complete the following steps before submitting your claim form to Davis Vision.

1. You are responsible for payment of vision care services at the time of service. BCBSNM (through the vision care plan administrator, Davis Vision) will reimburse **you** for covered services. Please see the "Summary of Premier Benefits," on the last page of this *Vision Care Rider* for the list of qualified services and their reimbursement amounts.

2. Complete the Patient Information portion of your claim form.
3. Complete the Member/Employee Information Portion of your claim form. This information can be found on your ID card or by contacting your human resources or employee benefits department.
4. Complete the Provider Information portion of the form.
5. Sign the claim form. If the patient is a minor, the parent or legal guardian must sign the claim form.
6. Attach itemized receipts from your provider to the claim form. (Facsimiles and photocopies of bills cannot be accepted; please keep copies for your records. Bills will not be returned.) Please include the following breakdown of costs for each itemized bill:
  - Exam
  - Frames
  - Lenses (specific prescription and type of lenses)
  - Contact lenses (specific prescription and type of lenses)
7. Mail the claim form to the following address:

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

## Customer Service

Questions about services covered under the vision care plan, in-network vision plan providers, or about benefits provided or denied under the plan can be directed to Davis Vision seven days a week, Monday through Friday 6:00 A.M. to 9:00 P.M., Saturday 7:00 A.M. to 2:00 P.M., and Sunday 10:00 A.M. to 2:00 P.M. Mountain Time at 1-877-393-2393. An Interactive Voice Response unit is also available outside normal business operating hours. (Please direct member enrollment, termination, and other subscriber or dependent eligibility questions to BCBSNM – not to Davis Vision.) Members using a TTY (Teletypewriter) because of a hearing or speech disability may access TTY services by calling 1-800-523-2847.

**If a claim for benefits is denied (in whole or in part), Davis Vision will notify you in writing of the specific reasons for the denial, and of the process for requesting a review of the denial.**

## Member Complaint Procedure

If you are dissatisfied with the services provided by an in-network vision care plan provider, you should either write to Davis Vision at the address below or call their Member Services Call Center's toll-free telephone number at 1-877-393-2393. The Member Services representative will log the telephone call and attempt to reach a resolution to the issues raised by you. If a resolution cannot be reached during the telephone call, the representative will document all of the issues or questions raised. Davis Vision will make every effort to respond to you **within 4 business days** with a decision or resolution. If you are not satisfied with the resolution, you may appeal the decision by using the appeal procedures set forth below.

## Appealing Denied Claims

You may request that Davis Vision review a claim that was denied. To make this request, you must send Davis Vision a written letter of appeal no more than **180 calendar days** after the date you receive written notice of the denied claim. Your written letter of appeal should include the following:

- The claim number, a copy of the denial information, or a copy of the Explanation of Benefits.
- The item of vision coverage that you feel was misinterpreted or inaccurately applied.
- Additional information from your eye care provider that will assist the Davis Vision in completing its review of your appeal, such as documents, records, questions or comments.

The written letter of appeal should be mailed to the following address:

**Davis Vision, Inc.**  
**Attn: Quality Assurance/Patient Advocate Department**  
**159 Express Street**  
**Plainview, NY 11803**

Davis Vision will review your appeal for benefits and notify you in writing of its decision within 60 calendar days, providing you with the reasons for the decision, with reference to specific plan provisions.

## Summary of Premier Benefits

Vision Care Services <sup>1, 2, 3</sup>	In-Network Member Cost or Discount (When a fixed-dollar copayment is due from the member, the remainder is payable by the plan up to the covered charge*)	Out-of-Network Allowance (maximum amount payable by plan, not to exceed the retail cost)**
<b>Exam</b> (with dilation as necessary):	\$10 Member Copayment	Up to \$35
<b>Frames:</b> Any frame available at provider location	You receive 20% off balance of retail cost over \$100 (Plan pays first \$100)	Up to \$45
Fashion Frame Collection (values up to \$100)	\$0 Copayment (Plan pays in full)	N/A
Designer Frame Collection (values up to \$175)	\$15 Copayment	N/A
Premier Frame Collection (values up to \$200)	\$40 Copayment	N/A
<b>Frequency:</b> Examination, Lenses, or Contact Lenses Frame	Once every 12-month benefit period Once every 24-month benefit period	
<b>Standard Plastic or Glass Spectacle Lenses:</b> Single Vision Bifocal Trifocal Lenticular	\$25 Copayment \$25 Copayment \$25 Copayment \$25 Copayment	Up to \$25 Up to \$40 Up to \$55 Up to \$55
<b>Lens Options (add to lens prices above):</b> Plastic Lens Tinting (solid or gradient) Scratch-Resistant Coating Polycarbonate Lenses Standard Progressive (add-on to bifocal) § Premium Progressive (add-on to bifocal) § Standard Anti-Reflective Coating (ARC) Premium or Ultra ARC Blended Invisible Bifocals/Corning™ Photochromic Plastic Photosensitive Lenses High Index Lenses Polarized Lenses Intermediate Vision Lenses Glass-Grey #3 Prescription Sunglass Ultraviolet Coating	Covered in full \$15 Copayment \$30 Copayment \$45 Copayment \$90 Copayment \$35 Copayment \$48 Premium/\$60 Ultra \$20 Copayment \$65 Copayment \$55 Copayment \$75 Copayment \$30 Copayment Covered in full \$12 Copayment	Not covered
§ Note: Progressive addition multifocals can be worn by most people. Conventional bifocals will be supplied at no additional cost for anyone who is unable to adapt to progressive lenses; however, the cost of the progressive lenses is not refundable.		
<b>Preferred Member Discount Programs:</b>		
<b>Contact Lenses</b> (Includes fitting, follow-up, materials) § Conventional Disposable Medically Necessary (see definitions)	You pay 85% of balance of retail cost over \$115 You pay 85% of balance of retail cost over \$115 Paid in Full	Up to \$100 Up to \$100 Up to \$200
§ Note: Once the contact lens option is selected and the lenses are fitted, they may not be exchanged for eyeglasses. Routine eye exams do not include professional services for contact lens evaluations. Any applicable fees are the responsibility of the patient.		
<b>Value-Added Features:</b> Laser Vision Correction Discount Mail-Order Contact Lens Replacement	You pay \$895 per eye for Traditional Lasik or \$1,295 per eye for Custom Lasik. <i>Prices may vary by state and are subject to change without notice.</i> Lens 1-2-3® Program (Visit the Lens 1-2-3 Web site at <a href="http://www.Lens123.com">www.Lens123.com</a> .)	

1 – Standard lenses include glass or plastic lenses in all ranges of prescriptions. Special lens designs, materials, powers, and frames may require additional cost or may not be covered. This plan covers polycarbonate lenses for children, monocular patients, and patients with prescriptions +/- 6.00 diopters or greater with no copayment.

2 – At Wal-Mart, members will receive comparable values through their Every Day Low Prices on Lens Options purchases.

3 – A one-year unconditional breakage warranty is provided for all eyeglasses completely supplied through the Davis Vision Collection. Although Davis Vision Collection frames are not available at retail locations, the value of your benefits will be comparable. You can find a list of private practice offices that provide the Davis Vision Collection eyeglasses on the Davis Vision Web site.

For vision materials, you will receive a 20 percent discount on purchases not covered through the plan from **in-network providers**, which may not be combined with any other discounts or promotional offers. The discount does **not** apply to professional services (e.g., examinations) or disposable contact lenses (which will be discounted at 10 percent).

\* The “covered charge” is the rate negotiated by Davis Vision with its in-network providers for a particular covered service.

\*\* The Plan pays the lesser of the maximum allowance noted or the retail cost. Retail prices vary by location.