



Sandia National Laboratories

Vision Care Program (VCP)

All Employees
Effective: January 1, 2018

Program Summary

IMPORTANT

This Program Summary applies to all employees, effective January 1, 2018. For more information on other benefit programs under the National Technology & Engineering Solutions of Sandia, LLC “NTESS” Health Benefits Plan for Employees, see the [NTESS Health Benefits Plan for Employees Summary Plan Description](#).

The Vision Care Program is maintained at the discretion of NTESS and is not intended to create a contract of employment and does not change the at will employment relationship between you and NTESS. The NTESS Board of Managers (or designated representative) reserves the right to amend (in writing) any or all provisions of the Vision Care Program, and to terminate (in writing) the Vision Care Program at any time without prior notice, subject to applicable collective bargaining agreements.

The Vision Care Program’s terms cannot be modified by written or oral statements to you from human resources representatives or Health Plans Team or other NTESS personnel.



Sandia National Laboratories is a multimission laboratory managed and operated by National Technology and Engineering Solutions of Sandia, LLC., a wholly owned subsidiary of Honeywell International, Inc., for the U.S. Department of Energy’s National Nuclear Security Administration under contract DE-NA0003525.

SAND Number: 2018-2831 O

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Section 1. Introduction

This is a summary of highlights of the Vision Care Program, a component of the National Technology & Engineering Solutions of Sandia, LLC “NTESS” Health Benefits Plan for Employees (ERISA Plan 540). This Program Summary is part of the [NTESS Health Benefits Plan for Employees Summary Plan Description](#). It contains important information about your NTESS (“Sandia”) health benefits.

Certain capitalized words in this Program Summary have special meaning. These words have been defined in [Section 10: Definitions](#).

When the words “we”, “us”, and “our” appear in this document, we are referring to Sandia. When the words “you” and “your” are used throughout this document, we are referring to people who are Covered Members as defined in [Section 10: Definitions](#).

Many sections of this Program Summary are related to other sections of the Program Summary and to information contained in the [NTESS Health Benefits Plan for Employees Summary Plan Description](#). You will not have all of the information you need by reading just one section or just one booklet. For example, you will need to refer to the [NTESS Health Benefits Plan for Employees Summary Plan Description](#) for information about eligibility, enrollment, disenrollment, premiums, termination, coordination of benefits, subrogation and reimbursement rights, when coverage ends, continuation of coverage provisions, and your rights under the Employee Retirement Income Security Act of 1974 (ERISA).

To receive a paper copy of this Program Summary, other Program Summaries, and/or the [NTESS Health Benefits Plan for Employees Summary Plan Description](#), please contact Sandia HR Customer Service at 505-844-4237 or email hbesupport@mailps.custhelp.com. These documents are also available electronically at hr.sandia.gov.

Since these documents will continue to be updated, we recommend that you check back on a regular basis for the most recent version.

Section 2. Summary of Changes

This section highlights the changes made to the Vision Care Program (VCP) effective January 1, 2018:

- Administrative language changes to the document have been changed to add clarity for coordination of benefits and Visionworks information
- Plan references National Technology & Engineering Solutions of Sandia, LLC (NTESS).

Section 3. Accessing Care

When you need an eye examination, glasses, or Contact Lenses, you have the option of accessing care through either a Network (participating) Provider or a Non-Network (non-participating) Provider as detailed below.

Network and Non-Network Options

The in-network option provides you access to a national network of physicians, retailers, and materials contracted with Davis Vision to provide their services at negotiated fees. For the most updated in-network provider listing in your area, contact Davis Vision at 888-575-0191 or access the website at www.davisvision.com; click “Member” and type “3255” in the Client Code box.

The advantages of using the in-network option include:

- Copays for examinations and prescription Lenses
- Allowance for Frames and Contact Lenses
- Access to discounted materials and fees
- No claims to file

The non-network option offers a lower level of benefit but enables you to get services from any licensed provider. No referrals are required. You receive a flat reimbursement up to a specified dollar amount for examinations, Frames, prescription Lenses, and Contact Lenses. You are responsible for all charges above this flat reimbursement.

In-Network Option

Network Providers

- Call a Network Provider of your choice and schedule an appointment.
- Identify yourself as a Davis Vision participant and Sandia National Laboratories member or dependent.
- Provide the office with your Davis Vision issued ID number or social security number and the name and date of birth of any covered dependent needing services. The provider's office will verify your eligibility for services. The claim will be processed electronically (no claim form filing is required for in-network services or material purchases).

For more information call Davis Vision member services at 888-575-0191; visit Davis Vision's website at www.davisvision.com. **Note:** New members – when visiting the web prior to enrollment, enter web Control Code 3255.

Out-of-Network Option

Non-Network (non-participating) Providers

- Contact any licensed provider of your choice and schedule an appointment.
- Obtain a claim form from the Davis Vision website www.davisvision.com (Member login/Forms).
- Take the claim form with you to the appointment and have the provider complete it. In lieu of having the provider complete the form, you can attach an original itemized copy of the billing received from the Non-Network Provider and send it with the claim form to Davis Vision.
- You will be responsible for full payment at the time expenses are incurred.
- Submit the claim form to Davis Vision within one year of the date of service to obtain reimbursement based on the out-of-network Program design.

Section 4. Benefits and Limitations

The VCP provides benefits for you on a scheduled basis, with reimbursement available every 12 months for Comprehensive Vision Examination benefits and Lens benefits, and once every 24 months for Frame benefits. **Benefits reset on the first day of the month when the individual is eligible to use the benefits again.** Please refer to Examples of Covered Expenses for the Enhanced Plan for more information.

Benefits vary depending on your choice of a Network (participating) Provider or Non-Network (non-participating) Provider as described in this section.

Types of Expenses and VCP Benefit

The Enhanced Plan, For Represented and Non-Represented Employees

Network (Participating) Providers

As specified under the VCP, your cost or copayments for specific expenses are as follows:

Benefit	Frequency	You Pay
	(Refers to When Expenses are Incurred below)	(If the Covered Charge is less than the scheduled amount, the maximum the VCP pays is the Covered Charge – refer to Examples of Covered Expenses)
Comprehensive Vision Examination. Contact Lens examinations may require additional fees. These fees are separate from the Comprehensive Vision Examination and vary from provider to provider. The Contact Lens exam/fitting fees may be included in the Contact Lens allowance. As of 1/1/17, Kaiser members are now eligible for the Davis Vision eye examination benefit.	Every 12 months with benefits resetting on the first day of the month	\$20
Frames. Purchase from the Davis Vision Frame Collection* and you could reduce your out-of-pocket costs significantly (see Appendix A for additional information).	Every 24 months with benefits resetting on the first day of the month	Any amount over \$150
Prescription Lenses. Single Vision, Bifocal, Trifocal, or Lenticular Lenses. Fashion and gradient tinting, oversized Lenses, scratch-resistant coating, and glass-grey #3 prescription sunglasses are included at no additional charge (see Appendix A for additional information).	Every 12 months with benefits resetting on the first day of the month (in lieu of Contact Lenses)	\$0
Contact Lenses. Daily/weekly wear disposable or extended wear Contact Lenses (allowance must be used all at one time). Lenses – one pair of eyeglass Lenses, or one pair of Contact Lenses, or one supply of disposable Contact Lenses (single purchase) every 12 months. Ask your provider if Davis Vision Contact Lens formulary contacts will work for you. It could minimize your out-of-pocket costs for Contact Lenses purchases (see Appendix A for additional information).	Allowance of \$150 per year. Every 12 months with benefits resetting on the first day of the month (in lieu of prescription Lenses)	Any amount over \$150

*Most provider offices offer the Davis Vision Collection. For more information on this, see [Appendix A](#).

Note: check with your individual provider to verify if they offer the collection options. In order for the “Covered in Full” benefit to apply for Collection Contact Lenses, the provider must order their supply through Davis Vision. (The provider carrying the same brands as represented on our formulary list is not sufficient for the benefit to be fully covered; the provider **MUST ORDER** them through Davis Vision.)

Additional Davis Vision In-Network Benefits Offered

Additional discounts include:

- Davis Vision Frame Collection
- Free breakage warranty on Collection lenses and frames, and on lenses and frames purchased at Visionworks locations
- Discounted fixed fee materials/services
- Discounted laser vision correction services
- Contact lens replacement program
- Member discount benefit for additional purchases

Non-Network (Non-participating) Providers

As specified under the VCP, Davis Vision pays a fixed amount for specific vision care expenses. The type of expenses and the maximum fixed amounts are shown on the following pages:

Type of Expense	Frequency	Scheduled Benefit Option (Out-of-Network)
	(Refers to When Expenses are Incurred below)	(If the Covered Charge is less than the scheduled amount, the maximum the VCP pays is the Covered Charge – refer to Examples of Covered Expenses)
Comprehensive Vision Examination. Contact Lens examinations may require additional fees. These fees are separate from the Comprehensive Vision Examination and vary from provider to provider. The Contact Lens exam/fitting fees may be included in the Contact Lens allowance. As of 1/1/17, Kaiser members are eligible for the Davis Vision eye examination benefit up to the designated reimbursement schedule amount.	Every 12 months with benefits resetting on the first day of the month	Reimbursed up to \$30
Frames	Every 24 months with benefits resetting on the first day of the month	Reimbursed up to \$40
Prescription Lenses. Single Vision, Bifocals, Trifocals, Lenticular	Every 12 months with benefits resetting on the first day of the month (in lieu of Contact Lenses) Single Lens Bifocal Lens Trifocal Lens Lenticular Lens	Reimbursed up to \$30 Reimbursed up to \$50 Reimbursed up to \$60 Reimbursed up to \$80

Type of Expense	Frequency	Scheduled Benefit Option (Out-of-Network)
Contact Lenses. Daily/weekly wear disposable or extended wear Contact Lenses (allowance must be used all at one time). Lenses – one pair of eyeglass Lenses, or one pair of Contact Lenses, or one supply of disposable Contact Lenses (single purchase) once every 12 months.	Allowance of \$150 per year. Every 12 months with benefits resetting on the first day of the month (in lieu of prescription Lenses)	Reimbursed up to \$80*

Examples of Covered Expenses for the Enhanced Plan

Example 1

A Covered Participant had a Comprehensive Vision Examination on February 10, 2016, and ordered a pair of single-vision prescription eyeglasses and an \$80 Frame on March 5, 2016. The Covered Participant had made no previous claims under the Vision Care Program.

Network (participating) Provider

- The Covered Participant made the following copayments to the provider:
 1. \$20 for the exam
 2. \$0 for the Frame because the entire allowance was used. (Frame allowance is \$150).
- The VCP paid the Network (participating) Provider in this example for the full cost of the Frame and expenses Incurred above the Covered Participant’s copayment amounts.
- The Covered Participant became eligible for a covered eye exam on February 1, 2016 and is eligible for covered Lenses, if needed, on March 1, 2016. The Covered Participant would be eligible for a covered Frame on March 1, 2017.

Non-Network (non-participating) Provider

- The Covered Participant paid the provider in full and filed a Direct Reimbursement Claim, and the VCP reimbursed the Covered Participant up to the following amounts under the schedule:
 1. \$30 for the exam
 2. \$30 for a pair of single vision Lenses
 3. \$40 for an eyeglass Frame
- The Covered Participant was responsible for any amount charged in excess of the VCP benefit.
- The Covered Participant became eligible for a covered eye exam on February 1, 2016 and is eligible for covered Lenses, if needed, on March 1, 2016. The Covered Participant would be eligible for a covered Frame on March 1, 2017.

Example 2

A Covered Participant lost one prescription Contact Lens and ordered a replacement from the provider on April 9, 2016. The charge for this replacement Contact Lens was \$40 and the Covered Participant had made no previous claims under the VCP.

Network (participating) Provider

- The VCP provides a Contact Lens allowance of \$150 per pair.
- The Covered Participant was not responsible for any copayment.
- The network (participating) provider filed a claim to the Davis Vision for the Contact Lens benefit.
- The Covered Participant has used up the benefit for Lenses in that 12-month period. The remaining amount is not available for additional expense reimbursement. The Covered Participant became eligible for covered Lenses on April 1, 2017.

Non-Network (non-participating) Provider

- The Covered Participant must pay the Non-Network (non-participating) Provider the full cost of the Contact Lens.
- The Covered Participant filed a Direct Reimbursement Claim and the VCP paid the \$40 charge.
- Since the VCP pays for prescription Contact Lenses once in a 12-month period, this \$40 claim will be paid in full under the provisions of the VCP.
- The Covered Participant has used up the benefit for Lenses in that 12-month period. The remaining amount is not available for additional expense reimbursement. The Covered Participant became eligible for covered Lenses on April 1, 2017.

When Expenses Are Incurred

Expenses for any service or supply are considered Incurred for:

- Comprehensive Vision Examinations – on the date of the exam.
- Lenses or Frames – on the date you order the materials.

IMPORTANT: Sandia retirees are not eligible for the benefits described above.

Note: PreMedicare retirees should defer to the Davis Vision Affinity Discount Program.

Section 5. What's Not Covered - Exclusions

What the Vision Care Program Does Not Cover

The VCP does not cover certain expenses. The following list itemizes most exclusions but this list is not all-inclusive.

The VCP does not cover care under other benefit plans, such as those of:

- The armed forces of any government,
- Any civil unit of any government,
- Workers' Compensation or similar law, or
- Any other benefit plan of Sandia.

The VCP also excludes Comprehensive Vision Examinations performed and Lenses and Frames ordered:

- Before the individual became eligible for coverage under the VCP, or
- After termination of the individual's coverage.
- Comprehensive Vision Examinations performed within the year following the last Incurred date for services through a Network (participating) and/or Non-Network (non-participating) Provider.
- Lenses ordered within the year following the last Incurred date for Lenses through a Network (participating) and/or Non-Network (non-participating) Provider.
- Frames ordered within the 24 months following the last Incurred date for Frames through a Network (participating) and/or Non-Network (non-participating) Provider.

Treatments including (but not limited to):

- Special or unusual treatment such as
 1. Orthoptics
 2. Vision training
 3. Subnormal vision aids
 4. Aniseikonic Lenses
 5. Tonography
 6. Medical or surgical treatments - Evaluate your medical coverage for possible reimbursement for these types of expenses
- Comprehensive Vision Examinations or materials furnished for any condition, disease, ailment, or injury arising out of or in the course of employment or covered by Workers' Compensation payments.

- **Note:** Dilation or Refractive Services billed separately from the eye exam.

Other excluded services or materials:

- Drugs or other medications;
- Experimental services or supplies;
- Progressive Lenses and special Lens designs, other than those described in [Section 4: Benefits and Limitations](#);
- Lenses that do not require a prescription;
- Lens-care kits, cleaning solutions, Lens insurance (Scratch Protection Plans), and extra fittings;
- Replacement of broken eyewear, outside of the plan breakage warranty provisions. One-year breakage warranty is provided for Plan eyeglasses and eyeglasses purchased at Visionworks locations;
- Contact Lenses and eyeglass Lenses in the same benefit cycle (Frame benefit will still be allowed);
- Two pair of eyeglasses, in lieu of a Bifocal;
- Services or supplies that are:
 1. Not prescribed by a licensed physician, Optometrist, or Ophthalmologist;
 2. Otherwise free of charge to patients.

Section 6. Coordination of Benefits

Please refer to the [NTESS Health Benefits Plan for Employees Summary Plan Description](#) for coordination of benefits. It is your responsibility to notify your provider if your covered dependents have other insurance so that they can file the claim with the applicable benefit plans accordingly.

If you are covered by another vision plan and have received an Explanation of Benefits (EOB) outlining the amounts paid by that primary insurance, please be sure to include that document when submitting your claim. It is the responsibility of the member to notify Davis Vision of the existence of other vision coverage.

Section 7. How to File a Claim

This section provides an overview of how to file a claim with Davis Vision and the receipt of benefit payments.

Filing an Initial Claim

IMPORTANT: All claims must be submitted within one year after the date of service in order to be eligible for consideration of payment. The 12-month requirement will not apply if you are legally incapacitated.

Refer to [Section 8: How to File an Appeal](#), in the [NTESS Health Benefits Plan for Employees Summary Plan Description](#) for information on timeframes for initial claims decisions.

In-Network Claim Processing

When you seek services through an in-network provider, the provider verifies eligibility and submits claims electronically. There are no claim forms necessary to obtain VCP benefits.

Out-of-Network Claim Processing

When you seek services through an out-of-network (non-participating) provider, the provider does not verify eligibility. Therefore, it is your responsibility to verify if you or your dependent is eligible for the benefit by calling Davis Vision at 888-575-0191 or by visiting the Davis Vision website at www.davisvision.com.

- Obtain a Davis Vision Direct Reimbursement Claim Form.
- The Direct Reimbursement Claim Form is required for services or materials received from providers who do not participate in the Davis Vision network.
- Complete member/employee information and patient information sections of the form.
- Have your provider complete the Provider section of the form.

Note: In lieu of having your provider complete the form, you can attach an original itemized copy of the billing received from the Non-Network Provider and send it with the claim form to Davis Vision.

- Sign the form and make a copy for your records.
- Mail the original to Davis Vision.

Mailing the Claim Form

Mail the completed claim form to the Davis Vision address (shown on the claim form):

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

When to Submit Claims

Submit the claim form to the Claim Administrator:

- Immediately after the vision expenses are Incurred, or
- Prior to one year from the date of service or purchase

Note: Completion and submission of the Direct Reimbursement Claim Form does not guarantee eligibility for benefits.

Benefit Payments

Refer to [Section 4: Benefits and Limitations](#), in the [NTESS Health Benefits Plan for Employees Summary Plan Description](#) for information on benefits payments as well as information on the contents of any notice of benefit determinations.

Note: The person who receives a service is ultimately responsible for payment of services received from the providers.

Benefit payments for Out-of-Network services are made directly to the policyholder.

Network (Participating) Provider Benefits

- You will pay the applicable copayments for examinations and Lenses to the Network (participating) Provider at the time services are rendered and/or materials are ordered. Davis Vision will pay the provider for the employer portion of the costs and submit the cost to Sandia, which will in turn reimburse Davis Vision.
- An established eyeglass Frame allowance will be paid to the provider upon submittal of a provider claim. You must pay any amount above and beyond the established eyeglass Frame allowance in full.
- An established Contact Lens allowance will be paid to the provider upon submittal of a provider claim. You must pay any amount above and beyond the established contact allowance in full.

The Network Provider will provide you documentation, which will outline payment of the claim and will let you know what portion of the claim you need to pay. If you experience problems with the claim, contact Davis Vision at 888-575-0191 within 60 days of filing.

Non-Network (non-participating) Provider

- You must obtain a Direct Reimbursement Claim Form to be completed by you and the provider.
- You will be required to pay for Incurred expenses for services from a licensed provider.
- Davis Vision will reimburse you for covered services determined by the schedule outlined under [Section 4: Benefits and Limitations](#) - Non-network (non-participating) Providers.

Davis Vision will send you an Explanation of Benefits (EOB), which will outline payment of the claim. The EOB will let you know what portion of the claim was reimbursed by the Claim Administrator. If you have not been notified about a claim within 60 days of filing, contact Davis Vision at 888-575-0191.

Right to Recover Excess Payments

Davis Vision has the right, at any time, to recover any amount paid by the VCP for Covered Charges in excess of the amount that should have been paid under the VCP provisions. Payments may be recovered from you, providers of service, and other group health plans.

IMPORTANT: By accepting benefits under the Vision Care Program, you agree to reimburse payments made in error and cooperate in the recovery of excess payments.

Section 8. How to File an Appeal

This section outlines how to file an appeal with Davis Vision.

IMPORTANT: Upon denial of a claim, you have 180 calendar days of receipt of the notification of adverse benefit determination to appeal the claim.

If a claim for benefits is denied in part or in whole, you have the right to appeal the claim. A request for further information from the provider of service is not a claim denial. You must exhaust the appeals process before you can seek other legal recourse.

IMPORTANT: Regardless of the decision and/or recommendation of Davis Vision, Sandia Corporation, or what the Program will pay, it is always up to you and the doctor to decide what, if any, care you receive.

The table below outlines who to contact based on the reason for the claim denial:

If you have a claim denied because of...	Then...
Eligibility (except for incapacitation determinations)	See Eligibility Appeals Procedure in the NTESS Health Benefits Plan for Employees Summary Plan Description
Eligibility based on incapacitation determinations	Contact the Sandia Benefits Department for assistance
Benefit Determinations	Refer to the procedures noted below

Before requesting a formal appeal, you may informally contact customer service. If the customer service representative cannot resolve the issue to your satisfaction over the phone, you may submit your question in writing at the address noted below. However, if you are not satisfied with a claim determination, you may appeal it as described below, without first informally contacting customer service.

If you disagree with a post-service claim determination, you can contact Davis Vision in writing to formally request an appeal. Davis Vision administers a mandatory single appeal procedure. If you disagree with the appeal determination, you can contact Davis Vision in writing to formally request a voluntary second level appeal.

Written communication should include:

- Patient's name and ID number as shown on the ID card
- Provider's name
- Date of vision service
- Reason you think your claim should be paid
- Any documentation or other written information to support your request

You, or your doctor, can send the written appeal to:

**Davis Vision Quality Assurance
Vision Care Processing Unit
P.O. Box 7911525
Latham, NY 12110-0791**

Davis Vision will notify you of the decision regarding the appeal within the applicable time periods as outlined in Section 8: Plan Information, in the [NTESS Health Benefits Plan for Employees Summary Plan Description](#). This Section also outlines the contents of the appeal denial notification if your appeal is denied.

Davis Vision Appeals Procedure

The Davis Vision Utilization Manager or any other person(s) reviewing your claim will not be the same as, nor will they be subordinate to, the person(s) who initially decided your claim. The Vision Director will grant no deference to the prior decision about your claim. Instead, he or she will assess the information, including any additional information that you have provided, as if he or she were deciding the claim for the first time.

The Utilization Manager will make a decision within 60 days of receiving your request for the review of Predeterminations or Post-Service Claims. If your claim is denied on review (in whole or in part) you will be notified in writing.

If you are not satisfied with the results of the review (first level appeal decision), you have the right to request a second level appeal. Your second level appeal request must be submitted in writing within 180 days from receipt of the first level appeal decision. A second level appeal includes all procedures applicable during first level appeals but the review will be conducted by a clinical peer reviewer or other person who was not involved in the initial determination or the first level appeal process. The second level appeal decision will be made within 60 days of receiving the request for a second level appeal.

If the results of the second level review determine that benefits are applicable, Davis Vision will recalculate the claim for available benefits and send written notification of payment to you. In the event the first level appeal decision is supported by the second level review process, the adverse benefit determination will be upheld and you will again be notified in writing.

Davis Vision will notify you of the decision regarding any appeal within the applicable time periods. For those time periods and more information on the appeals process, refer to Section 8: Plan Information, in the [NTESS Health Benefits Plan for Employees Summary Plan Description](#).

Section 9. Vision Care Program Administrative Services

Davis Vision

The Claim Administrator is the third party designated by Sandia to receive, process, and pay claims according to the provisions of the Vision Care Program. The Claim Administrator for the Vision Care Program is Davis Vision.

Member Services

Member Services are provided through the Davis Vision Member Services Unit at 888-575-0191, Monday through Friday, from 6:00 a.m. to 9:00 p.m. MT, Saturday, 7:00 a.m. to 2:00 p.m. MT, and Sunday, 10:00 a.m. to 2 p.m. MT. Member services include information about:

- Benefits and Limitations
- Member eligibility
- Locating a Network Provider
- Determination of benefits under Sandia's VCP according to your choice of provider
- Direct Reimbursement Claim status
- Administration of the appeals procedure for claims under the VCP
- Utilization review

If you did not receive satisfactory service from the Member Services Unit, a Sandia VCP Administrator representative is available to assist you with issues. Call Sandia's HR Customer Service at 505-844-4237, option 2, to get in touch with a Sandia VCP Administrator.

Member ID Card

Davis Vision provides you with an identification card that shows your unique identification number, the group affiliation and the member services toll-free number. All family member eligibility will be filed under the Primary Covered Member identification number, therefore, spouse and dependent cards are not issued.

To facilitate efficiency of service provided, it is recommended that you take the ID card with you when you obtain services. However, the provider can verify eligibility directly with Davis Vision with or without the card.

Davis Vision Website

You can access your personalized information by registering at the Claim Administrator's website www.davisvision.com. Register at the Claim Administrator's website to:

- **Check Eligibility** – allows you to verify what members of your family are currently eligible for services.
- **Find a Provider** – allows you to locate Vision Care Program providers in a specified area.
- **Obtain Information and Forms** – allows you to locate information about personal Vision Care Program benefits, and access Program-related forms.
- **View the Personal Frame Collection** – displays the collection of eyeglass Frames available to you.
- **Use the Try-On Tool** – allows you to select your face shape or upload your selfie and try on frames before you buy.
- **Complete the Satisfaction Survey** – provides you with the mechanism to complete the Patient Satisfaction Survey, after receiving services.
- **Davis Vision Contacts**-provides you with an option for mail-order replacement contact lenses after you have exhausted your plan benefits. Visit www.DavisVisionContacts.com for full information.
- **Nominate a Provider**-allows you to request for Davis Vision to send a participation invitation to a provider who is not in the network.
- **View Your Profile** – allows you to view or edit your Davis Vision profile.
- **Access the Eye Health Library** – provides access to a full library of eye health and wellness content

Section 10. Definitions

Bifocal Lens	A Lens containing two different powers; one for distance vision and one for near vision.
Comprehensive Vision Examination	Describes a level of service in which a general evaluation of the complete visual system is made. The comprehensive services constitute a single-service entity but need not be performed at one session. The service includes history, general medical observation, external and ophthalmoscopic examination, gross visual fields and basic sensorimotor examination. It often includes, as indicated, biomicroscopy, examination with cycloplegia or mydriasis and tonometry. It always includes initiation of a diagnostic and treatment program as indicated.
Contact Lens	A small shell-like Lens that rests directly on the eye. There are many styles (soft, daily, disposable/planned-replacement, extended-wear, gas permeable, hard, medically-necessary, monovision, scleral shell, toric).
Covered Charge	A vision expense Incurred by you, which is payable under the terms of the VCP.
Covered Member	An enrolled participant or enrolled dependent. This term refers to a person only while enrolled under the Vision Care Program. References to “you” and “your” throughout this document are references to a Covered Member.
Covered Participant	Regular employees (including part-time employees) and their eligible dependents that have enrolled in the VCP.
Frame	Plastic or metal structure for holding Lenses.
Incurred	The date a service is actually performed, or the date a supply or material is actually ordered.
Lens	A transparent medium bounded by two geometrically defined surfaces, one of which is curved – that is, spherical, cylindrical, toroidal or aspheric.

Lens, Lenticular	A Lens, usually of strong comprehensive power, in which the prescribed power is applied over only a limited central region of the Lens, called the Lenticular portion. The remainder of the Lens, called "the carrier," provides no comprehensive correction but gives dimension to the Lens to allow for mounting in a spectacle Frame.
Medically Necessary/Visually-Required Contact Lens	Contact lenses that are covered in full due to the presence of a medical diagnosis or underlying pathology.
Network (participating) Provider	An Ophthalmologist, an Optometrist or an Optician, as defined by the Vision Care Program, who has signed an agreement with Davis Vision to provide Covered Services to Enrollees.
Non-Network (non-participating) Provider	An Ophthalmologist, an Optometrist or an Optician not contracted with Davis Vision.
Ophthalmologist	A medical doctor who has completed a residency program in ophthalmology and specializes in vision care that is related to medical conditions, such as treating diseases of the eye and performing ocular surgery. "Title" is M.D.
Optician	A fabricator and dispenser of eyeglasses. Some Opticians also fit Contact Lenses. An Optician is skilled in the application of the science of optic, including optical Lenses and/or instrument designing or manufacturing.
Optometrist	A doctor of optometry, who provides ophthalmic services except surgery. In most states, they are licensed to treat ocular diseases. "Title" is O.D.
Primary Covered Member	The person for whom the coverage is issued; that is, the Sandia employee or the individual who is purchasing temporary continued coverage.
Trifocal Lens	A multifocal Lens with three different powers in three different positions. Usually, the top (largest) portion is for distance vision, the middle portion is for intermediate distances and the bottom portion is for near vision.

Appendix A. Davis Vision – Vision Care Program Benefit Description

The following pages detail the Sandia Vision Care Program Benefit Description.

Designer 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.¹

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

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 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 or call **1.888.575.0191** and enter Client Code **3255**.

IN-NETWORK BENEFITS

Eye Examination*	Every 12 months (with benefit resetting the 1st of the month), Covered in full after \$20 copayment
Eyeglasses	
Spectacle Lenses	Every 12 months (with benefit resetting the 1st of the month), Covered in full For standard single-vision, lined bifocal, or trifocal lenses
Frames	Every 24 months (with benefit resetting the 1st of the month), Covered in full Any Fashion or Designer frame from Davis Vision's Collection ¹ (value up to \$160) OR \$150 retail allowance toward any frame from provider, plus 20% off balance ²
Contact Lenses	
Contact Lens Evaluation, Fitting & Follow Up Care	Every 12 months (with benefit resetting the 1st of the month), Collection Contacts: Covered in full OR Non Collection Contacts: Standard Contacts: 15% discount ² Specialty Contacts ³ : 15% discount ²
Contact Lenses (in lieu of eyeglasses)	Every 12 months (with benefit resetting the 1st of the month), Covered in full Any contact lenses from Davis Vision's Contact Lens Collection ¹ OR \$150 retail allowance toward provider supplied contact lenses, plus 15% off balance ²

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 ⁴ -\$30
Standard Anti-Reflective (AR) Coating	\$83	\$35
Standard Progressives (no-line bifocal)	\$198	\$50
Plastic Photosensitive (Transitions ^{®/5})	\$110	\$65

Lower costs and more benefits! See the savings!

Service	Without Davis Vision	With Davis Vision
Eye Examination	\$103	\$20
Lenses		
Bifocals	\$116	\$0
Scratch-Resistant Coating	\$25	\$0
Transitions ^{®/5}	\$110	\$65
Frame	\$160	\$0
Total	\$514	\$85

Savings up to:
\$429

* Beginning 1/1/17 active employees that are enrolled in Kaiser Permanente for medical insurance will be eligible for the exam benefit. Note: Pre-Medicare retirees that are enrolled in Kaiser Permanente for medical insurance should defer to the Davis Vision Affinity Discount Program.

¹ The Davis Vision Collection is available at most participating independent provider locations. Collection is subject to change.
² Additional discounts not applicable at Walmart or Sam's Club locations.
³ Including, but not limited to toric, multifocal and gas permeable contact lenses.
⁴ For dependent children, monocular patients and patients with prescriptions of 6.00 diopters or greater.
⁵ 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.
 OE00644 10/20/16

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 or call **1.888.575.0191** and enter Client Code **3255**.

ADDITIONAL OPTIONS	WITHOUT DAVIS VISION	WITH DAVIS VISION
FRAMES		
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	\$25
LENSES		
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 ^{1/} or \$30
Ultraviolet Coating	\$25	\$12
Standard Anti-Reflective (AR) Coating	\$83	\$35
Premium AR Coating	\$104	\$48
Ultra AR Coating	\$121	\$60
Standard Progressive Addition Lenses	\$198	\$50
Premium Progressive Addition Lenses	\$247	\$90
Ultra Progressive Addition Lenses	\$369	\$140
High-Index Lenses	\$120	\$55
Polarized Lenses	\$103	\$75
Photochromic Lenses (i.e. Transitions®, etc.) ^{2/}	\$110	\$65
Scratch Protection Plan (Single vision Multifocal lenses)		\$20 \$40

^{1/} Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions 6.00 diopters or greater.

^{2/} 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 \$30 | Frame up to \$40
 Spectacle Lenses (per pair) up to:
 Single Vision \$30, Bifocal \$50, Trifocal \$60, Lenticular \$80
 Elective Contacts up to \$80, Medically Necessary Contacts up to \$225