



## Welcome to Horizon Blue Cross Blue Shield of New Jersey!

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!

If you are not currently enrolled, please visit [davisvision.com](http://davisvision.com) or call 1.800.278.7753 and enter client code 3156 to locate providers or for additional information.

**Using your benefits is easy!** Just log on to [davisvision.com](http://davisvision.com) and click *Find a Provider*, or call **1.800.278.7753**.

**Make an appointment.** Tell your provider you have vision coverage through Horizon Blue Cross Blue Shield of New Jersey. Provide your member ID number, name and date of birth, and do the same for your covered dependents seeking vision services. Your provider will take care of the rest!

## Your Horizon Vista I Plan Benefits

**100% OF YOUR CALLS & CLAIMS ARE PROUDLY ADMINISTERED IN THE USA** 

Benefit	Frequency Based on 1/1 -12/31	In-network Copayment	In-network Coverage
Eye Examination	January 1	\$0	Covered in full. <i>Includes dilation when professionally indicated.</i>
Spectacle Lenses	January 1	\$10	Clear plastic lenses in any single vision, bifocal, trifocal or lenticular prescription. Covered in full. (See below for additional lens options and coatings.)
Frame	January 1	\$0	<p><b>Covered in Full Frames:</b> Any Fashion level frame from Davis Vision's Collection<sup>2</sup> (retail value, up to \$100).</p> <p><b>OR, Frame Allowance:</b> \$100 toward any frame from provider plus 20% off any balance.<sup>1</sup> No Copayment required.</p> <p><b>OR, Visionworks Frame Allowance:</b> \$150 allowance plus 20% off any balance toward any frame from a Visionworks retail store.<sup>6</sup> No Copayment required.</p>
Contact Lens Evaluation, Fitting & Follow Up Care	January 1	\$0	<p><b>Non Collection Standard Contacts:</b> 15% discount<sup>1</sup></p> <p><b>Non Collection Specialty Contacts<sup>3</sup>:</b> 15% discount<sup>1</sup></p>
Contact Lenses (in lieu of eyeglasses)	January 1	\$0	<p><b>Contact Lens Allowance:</b> \$100 allowance toward any contacts from provider's supply plus 15% off balance.<sup>1</sup> No copayment required.</p> <p><b>OR, Medically Necessary Contacts:</b> Covered in full with prior approval.</p>

### Significant savings on optional frames, lens types and coatings!

	Member Price
Davis Vision Collection Frames: Fashion   Designer   Premier .....	\$0   \$15   \$40
Tinting of Plastic Lenses .....	\$15
Oversize Lenses .....	\$0
Scratch-Resistant Coating .....	\$0
Ultraviolet Coating .....	\$15
Anti-Reflective Coating: Standard   Premium   Ultra .....	\$40   \$55   \$69
Polycarbonate Lenses .....	\$0 <sup>4</sup> - \$35
High-Index Lenses .....	\$60
Progressive Lenses: Standard   Premium   Ultra .....	\$65   \$105   \$140
Polarized Lenses .....	\$75
Photochromic Lenses (i.e. Transitions®, etc.) <sup>5</sup> .....	\$70
Intermediate-Vision Lenses .....	\$30
Scratch Protection Plan: Single Vision   Multifocal Lenses .....	\$20   \$40

<sup>1</sup> Additional discounts not applicable at Walmart, Sam's Club or Costco locations  
<sup>2</sup> The Davis Vision Collection is available at most participating independent provider locations. Collection is subject to change.

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

<sup>4</sup> For dependent children, monocular patients and patients with prescriptions of +/- 6.00 diopters or greater.

<sup>5</sup> Transitions® is a registered trademark of Transitions Optical Inc.

<sup>6</sup> Enhanced Allowance is available at Visionworks store locations nationwide

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.

## Frequently Asked Questions

### How can I contact Member Services?

Call **1.800.278.7753** 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.)

### Which frames are in Davis Vision's Collection?

Davis Vision's 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 [davisvision.com](http://davisvision.com) and take a look!

### When will I receive my eyewear?

Your eyewear will be delivered to your network provider generally within five business days of order receipt. Special prescriptions, lens coatings, provider frames or out-of-stock frames may delay the standard turnaround time.

### Do I need a claim form?

Claim forms are only required if you visit an out-of-network provider. Claim forms are available at [davisvision.com](http://davisvision.com).

### 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 - \$40 | single vision lenses - \$40 | bifocal - \$60 | trifocal - \$80 | lenticular - \$100 | frame - \$50 | elective contacts - \$80 | medically necessary contacts - \$225.

### Are there any exclusions to the vision benefits?

Your vision plan does not cover medical treatment of eye disease or injury; vision therapy; special lens designs or coatings, other than those described herein; replacement of lost eyewear; non-prescription (plano) lenses; contact lenses and eyeglasses in the same benefit cycle; services not performed by licensed personnel; two pair of eyeglasses in lieu of bifocals.

## DAVIS VISION EXTRAS!

**One Year Breakage Warranty** Repair or replacement of your plan covered spectacle lenses, Collection frame or frame from a network retail location where the Collection is not displayed.

**Greater Benefits** Access a higher frame allowance by visiting a Visionworks retail store<sup>7</sup>.

**Additional Savings** At most participating network locations, members receive up to 20% off additional eyeglasses, sunglasses and items not covered by the benefit and 10% off disposable contact lenses.<sup>8</sup>

**Mail Order Contact Lenses** Replacement contacts (after initial benefit) through [www.DavisVisionContacts.com](http://www.DavisVisionContacts.com) mail-order service ensures easy, convenient, purchasing online and quick, direct shipping to your door. Log on to [davisvision.com](http://davisvision.com) 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 [davisvision.com](http://davisvision.com).

**Low Vision Services** Comprehensive low vision evaluation once every five years and low vision aids up to the plan maximum. Covers up to four follow-up visits in five years.

**Eye Health & Wellness** Log on to 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 Notices, please log on to [davisvision.com](http://davisvision.com) or call **1.800.278.7753**.

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

Products and policies provided by Horizon Insurance Company and services provided by Horizon Blue Cross Blue Shield of New Jersey, each an independent licensee of the Blue Cross and Blue Shield Association. Communications are issued by Horizon Blue Cross Blue Shield of New Jersey in its capacity as administrator of programs and provider relations for all its companies. Davis Vision supports Horizon Blue Cross Blue Shield of New Jersey in the administration of vision benefits. Davis Vision is independent from and not affiliated with Horizon Blue Cross Blue Shield of New Jersey or the Blue Cross and Blue Shield Association. The Blue Cross® and Blue Shield® names and symbols are registered marks of the Blue Cross and Blue Shield Association. The Horizon® name and symbols are registered marks of Horizon Blue Cross Blue Shield of New Jersey. © 2017 Horizon Blue Cross Blue Shield of New Jersey, Three Penn Plaza East, Newark, New Jersey 07105.

<sup>7</sup> Enhanced Allowance is available at Visionworks store locations nationwide.

<sup>8</sup> Additional discounts not applicable at Walmart or Sam's Club locations.

Fully insured product administered by Davis Vision, which may operate as Davis Vision Insurance Administrators in California