

SERVICE EMPLOYEE BENEFITS FUND VISION BENEFITS

The Service Employees Benefit Fund (SEBF) vision benefit offers In-Network (Davis Vision) and Out-of-Network benefits towards routine eye care. This vision benefit may be used towards expenses for routine eye exams, frames, lenses or contact lenses, once in a **two-year period**.

You may elect Individual coverage which is for employee only. Family coverage includes yourself (the employee), your legal spouse, domestic partner (must meet certain requirements) and/or your legal dependents. Legal dependents are covered until the first day of the month following their 26th birthday regardless of the dependent's residence, financial or student status.

IN-NETWORK BENEFITS

In-Network benefits are available at any Davis Vision participating provider including all Visionworks providers. To find a Davis Vision participating provider, call (877) 923-2847 and enter **Client Code 6913** or visit the Davis Vision website at www.davisvision.com. In-network benefits include:

Eye Examination (every 24 months)	\$10 copayment
Eyeglasses - Spectacle Lenses (every 24 months)	\$25 copayment - for standard single-vision, lined bifocal or trifocal lenses
Frames (every 24 months)	Covered in full - any Fashion or Designer frame from Davis Vision's Collection (value up to \$160) OR \$60 retail allowance toward any frame from provider, plus 20% off balance
Contact Lenses (every 24 months) (In lieu of eyeglasses)	\$25 copayment - any contact lenses from Davis Vision's Contact Lens Collection OR \$100 retail allowance toward provider supplied contact lenses, plus 15% off balance
Contact Lens Evaluation, Fitting & Follow Up Care (every 24 months)	Covered in full

To receive benefits from an In-network provider: Call the in-network provider of your choice and schedule an appointment. Identify yourself as an eligible Davis Vision plan participant and Service Employees Benefit Fund member or dependent and provide your Social Security Number and the name and date of birth of any covered dependent needing services. It's that easy. The provider's office will verify your eligibility for services and no claim forms or ID cards are required.

OUT-OF-NETWORK BENEFIT

Out-of-network reimbursement for eye exam and materials are allowed every 24 months up to \$120.

If you choose to go to an out-of-network eye care 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**.

Call Davis Vision directly at (877) 923-2847 and enter Client Code 4744 for out-of-network Direct Reimbursement Claim Forms.

You may contact SEBF at (315) 218-6513 or (855) 835-9720 (toll free) for further details on the SEBF Vision Plan.