



Sandia National Laboratories

# Vision Care Program (VCP)

All Employees  
Effective: January 1, 2014

## Program Summary

### Important

This Program Summary applies to all employees, effective January 1, 2014. For more information on other benefit programs under the Sandia Health Benefits Plan for Employees, see the [\*Sandia Health Benefits Plan for Employees Summary Plan Description\*](#).

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

The Sandia Total Health Program's terms cannot be modified by written or oral statements to you from human resources representatives or HBE or other Sandia personnel.





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# Section 1. Introduction

This is a summary of highlights of the Vision Care Program, a component of the Sandia Health Benefits Plan for Employees (ERISA Plan 540). This Program Summary is part of the *Sandia Health Benefits Plan for Employees Summary Plan Description*. It contains important information about your Sandia health benefits.

Certain capitalized words in this Program Summary have special meaning. These words have been defined in the Definitions Section of this Program Summary.

When the words “we”, “us”, and “our” 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 the Definitions section.

Many sections of this Program Summary are related to other sections of the Program Summary and to information contained in the *Sandia 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 *Sandia 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, or other Program Summaries, or the *Sandia Health Benefits Plan for Employees Summary Plan Description*, please contact Sandia HBE Customer Service at 1-505-844-HBES (4237) or email [hbesupport@mailca.custhelp.com](mailto:hbesupport@mailca.custhelp.com). These documents are also available electronically at <http://www.sandia.gov/resources/emp-ret/spd/index.html>.

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

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## **Section 2. Summary of Changes**

This section highlights the changes made to the Vision Care Program (VCP) effective January 1, 2014:

- Effective January 1, 20162014, there are two plans under the Vision Care Program. There is one plan for non-represented employees, and one plan for represented employees, please see Section 4, Benefits and Limitations for more information.

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## 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, facilities, 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](http://www.davisvision.com).

The advantages of using the in-network option include:

- Copays for examinations and prescription Lenses (note: no co-pay for prescription lenses for non-represented employees)
- 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 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](http://www.davisvision.com)

- New members - when visiting the web prior to enrollment, enter web Control Code 7310

## **Out-of-Network Option**

### ***Non-Network (nonparticipating) Providers***

- Contact any licensed provider of your choice and schedule an appointment.
- Obtain a claim form from the Davis Vision website [www.davisvision.com](http://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 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

#### Represented Employees Only

##### *Network (Participating) Providers*

As specified under the VCP, your cost or copayment for specific Vision Care Program expenses are as follows:

<b>Benefit</b>	<b>Frequency</b> (Refer to When Expenses are Incurred below)	<b>You Pay</b> (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)
<b>Comprehensive Vision Examination</b> 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. <b>Note:</b> Vision exam is not a covered benefit for Kaiser members. The VCP will not reimburse any portion of the applicable Kaiser copayment.	Every 12 months	\$20
<b>Frames</b> 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	Any amount over \$90

<b>Benefit</b>	<b>Frequency</b> (Refer to When Expenses are Incurred below)	<b>You Pay</b> (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)
<b>Prescription Lenses</b> Single Vision, Bifocal, Trifocal, or Lenticular Lenses Fashion and gradient tinting, oversized Lenses, and glass-grey #3 prescription sunglasses are included at no additional charge (See Appendix A for additional information).	Every 12 months (in lieu of Contact Lenses)	\$25
<b>Contact Lenses</b> Daily/weekly wear disposable or extended wear Contact Lenses ( <b>allowance must be used all at one time</b> ) 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 \$100 per year. Every 12 months (in lieu of prescription Lenses)	Any amount over \$100

***Additional Davis Vision In-Network Benefits Offered***

Additional discounts includes:

- Davis Vision Frame Collection
- Breakage Warranty
- Discounted Fixed Fee Materials/Services
- Discounted Laser Vision Correction Services
- Contact Lens Replacement Program
- Member discount benefit for additional purchases

### ***Non-Network (Nonparticipating) 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:

<b>Type of Expense</b>	<b>Frequency</b> (refer to When Expenses are Incurred below)	<b>Scheduled Benefit Option (Out-of-Network)</b> (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)
<b>Comprehensive Vision Examination</b>  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.  <b>Note:</b> Vision examination is not a covered benefit for Kaiser members. The VCP will not reimburse any portion of the applicable Kaiser copayment.	Every 12 months	Reimbursed up to \$30
<b>Frames</b>	Every 24 months	Reimbursed up to \$40
<b>Prescription Lenses</b>  Single Vision, Bifocals, Trifocals, Lenticular	Every 12 months (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
<b>Contact Lenses</b>  Daily/weekly wear disposable or extended wear Contact Lenses <b>(allowance must be used all at one time)</b>  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 \$100 per year. Every 12 months (in lieu of prescription Lenses)	Reimbursed up to \$80

## Non-Represented Employees Only

### *Network (Participating) Providers*

As specified under the VCP, your cost or copayment for specific Vision Care Program expenses are as follows:

Benefit	Frequency	You Pay
	(Refer 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)
<b>Comprehensive Vision Examination</b> 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. <b>Note:</b> Vision exam is not a covered benefit for Kaiser members. The VCP will not reimburse any portion of the applicable Kaiser copayment.	Every 12 months	\$20
<b>Frames</b> 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	Any amount over \$150
<b>Prescription Lenses</b> 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 (in lieu of Contact Lenses)	\$0

<b>Benefit</b>	<b>Frequency</b> (Refer to When Expenses are Incurred below)	<b>You Pay</b> (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)
<b>Contact Lenses</b> Daily/weekly wear disposable or extended wear Contact Lenses ( <b>allowance must be used all at one time</b> ) 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 (in lieu of prescription Lenses)	Any amount over \$150

#### ***Additional Davis Vision In-Network Benefits Offered***

Additional discounts includes:

- Davis Vision Frame Collection
- Breakage Warranty
- Discounted Fixed Fee Materials/Services
- Discounted Laser Vision Correction Services
- Contact Lens Replacement Program
- Member discount benefit for additional purchases

#### ***Non-Network (Nonparticipating) 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:

<b>Type of Expense</b>	<b>Frequency</b> (refer to When Expenses are Incurred below)	<b>Scheduled Benefit Option (Out-of-Network)</b> (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)
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Type of Expense	Frequency (refer to When Expenses are Incurred below)	Scheduled Benefit Option (Out-of-Network) (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)
<b>Comprehensive Vision Examination</b>  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.  <b>Note:</b> Vision examination is not a covered benefit for Kaiser members. The VCP will not reimburse any portion of the applicable Kaiser copayment.	Every 12 months	Reimbursed up to \$30
<b>Frames</b>	Every 24 months	Reimbursed up to \$40
<b>Prescription Lenses</b>  Single Vision, Bifocals, Trifocals, Lenticular	Every 12 months (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
<b>Contact Lenses</b>  Daily/weekly wear disposable or extended wear Contact Lenses <b>(allowance must be used all at one time)</b>  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 (in lieu of prescription Lenses)	Reimbursed up to \$80

### 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.

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

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## Examples of Covered Expenses

### Example 1

A Covered Participant had a Comprehensive Vision Examination on February 10, 2014, and ordered a pair of single-vision prescription eyeglasses and an \$80 Frame on March 5, 2014. 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. \$25 for a pair of single vision Lenses (represented employees only)
  3. \$0 for the Frame because the entire allowance was used (Frame allowance is \$90 for represented employees. Note: non-represented employees would have an allowance of \$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, 2015 and is eligible for covered Lenses, if needed, on March 1, 2015. The Covered Participant would be eligible for a covered Frame on March 1, 2016.

#### 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, 2015 and is eligible for covered Lenses, if needed, on March 1, 2015. The Covered Participant would be eligible for a covered Frame on March 1, 2016.

### Example 2

A Covered Participant lost one prescription Contact Lens and ordered a replacement from the

provider on April 9, 2014. 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 \$100 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, 2015.

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, 2015.

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## **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 it 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 for employees covered by the Kaiser Health Plan - Kaiser Members are required to use their Kaiser Health Plan to obtain Comprehensive Vision Examinations.
- 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.

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
- Lenses that do not require a prescription;
- Lens-care kits, cleaning solutions, Lens insurance, and extra fittings;
- Replacement of broken or lost eyewear
- 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 *Sandia 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.

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## 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

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**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.

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Refer to Section 8, Claims and Appeals Procedures, in the *Sandia 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](http://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.

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**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

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- 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

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

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## **Benefit Payments**

Refer to Section 4 - Benefits and Limitations, in the *Sandia 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.

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

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### ***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 (Nonparticipating) 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 (Nonparticipating) 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.

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**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.

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## Section 8. How to File an Appeal

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

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

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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.

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**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.

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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 <i>Sandia Health Benefits Plan for Employees Summary Plan Description</i>
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 *Sandia 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 *Sandia 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 the Sandia HBE at 505-844-HBES (4237) 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](http://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 eye glass Frames available to you.
- **Complete the Satisfaction Survey** – provides you with the mechanism to complete the Patient Satisfaction Survey, after receiving services.
- **View Lens 123** – provides you with the replacement Contact Lens partner (Lens 123) website.
- **View the Profile** – allows you to view or edit your Davis Vision profile.

## Section 10. Definitions

<b>Bifocal Lens</b>	A Lens containing two different powers; one for distance vision and one for near vision.
<b>Comprehensive Vision Examination</b>	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.
<b>Contact Lens</b>	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).
<b>Covered Charge</b>	A vision expense Incurred by you, which is payable under the terms of the VCP.
<b>Covered Member</b>	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.
<b>Covered Participant</b>	Regular employees (including part-time employees) and their eligible dependents who have enrolled in the VCP.
<b>Frame</b>	Plastic or metal structure for holding Lenses.
<b>Incurred</b>	The date a service is actually performed, or the date a supply or material is actually ordered.
<b>Lens</b>	A transparent medium bounded by two geometrically defined surfaces, one of which is curved - that is, spherical, cylindrical, toroidal or aspheric.



<b>Lens, Lenticular</b>	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.
<b>Network (participating) Provider</b>	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.
<b>Non-Network (non-participating) Provider</b>	An Ophthalmologist, an Optometrist or an Optician not contracted with Davis Vision.
<b>Ophthalmologist</b>	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.
<b>Optician</b>	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.
<b>Optometrist</b>	A doctor of optometry, who provides ophthalmic services except surgery. In most states, they are licensed to treat ocular diseases. "Title" is O.D.
<b>Primary Covered Member</b>	The person for whom the coverage is issued; that is, the Sandia employee or the individual who is purchasing temporary continued coverage.
<b>Trifocal Lens</b>	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 five pages detail the Sandia National Laboratories Vision Care Program Benefit Description.