



Sponsored by, and administered on behalf of the employees and dependents of
Eligible IUE and Non-Represented Enrollees of General Motors
from:

- Delphi E & C - Dayton, OH
- Delphi E & C - Anaheim, CA
- Delphi E & C - New Brunswick, NJ
- Delphi T & I - Moraine, OH
- Delphi Packard - Brookhaven, MS
- Delphi Packard - Clinton, MS
- Delphi Packard - Gadsden, AL
- Delphi Packard - Warren, OH
- GMTG Moraine Assembly -Moraine, OH

Vision Care Plan Benefit Description

General Motors Corporation is very pleased to provide you with this information about your vision care plan administered by Davis Vision, Inc., a leading national administrator of routine vision care programs. Eligibility for vision care benefits for Delphi employees is determined by Delphi Corporation vision care program.

How do I receive services from a provider in the network?

- Call the network provider of your choice and schedule an appointment.
- Identify yourself as eligible for General Motors Corporation Vision Coverage under the Davis Vision plan.
- Provide the office with the employee's Identification number and the date of birth of any covered children 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!

Who are the network providers?

They are licensed providers who are extensively reviewed and credentialed to ensure that stringent standards for quality service are maintained. Please call **1-888-463-9370** to access the Interactive Voice Response (IVR) Unit, which will supply you with the names and addresses of the network providers nearest you, or you may access our website at www.davisvision.com and utilize our "Find a Doctor" feature.

What are the plan benefits, frequencies and costs?

<input checked="" type="checkbox"/>	EYE EXAMINATIONS	Every calendar year, including dilation as professionally indicated.
	In-Network Copayment	None
	Out-of-Network*	Reimbursed up to \$37.00

<input checked="" type="checkbox"/>	EYEGLASSES**	
	Frames	Every other calendar year
	Spectacle Lenses	Every calendar year
	In-Network Copayment:	None.
	You may choose from the Fashion selection of frames from the exclusive "Tower Collection" in most network provider offices. A \$60.00 credit will be applied toward a network provider's own frame. When receiving services from a provider who does not have the collection (such as a participating retail center), the \$60.00 credit will be applied to your purchase.	
	Out-of-Network*	Reimbursed up to \$24.00 for a frame, up to \$30.00 for single vision lenses, up to \$50.00 for bifocals, up to \$50.00 for trifocals, up to \$90.00 for lenticular (post-cataract) lenses.

<input checked="" type="checkbox"/>	CONTACT LENSES**	Every calendar year
	In-Network Copayment	You may select contact lenses in lieu of eyeglasses. An \$80.00 credit will be provided toward contact lenses from the provider's own supply, including professional fees for fitting and follow-up care. Medically necessary contact lenses will be covered in full (prior approval is required). When receiving services from a participating center, the credit will be applied toward the purchase of contact lenses and fitting/follow-up fees. Where required by state law, the full credit may be applied towards the contact lenses only.
	Out-of-Network*	Reimbursed up to \$65.00 for elective contact lenses; up to \$170.00 for medically necessary contact lenses.

Please note: Contact lenses can be worn by most people. Once the contact lens option is selected and the lenses are fitted, they may not be exchanged for eyeglasses. Routine eye examinations do not include professional services for contact lens evaluations. Any applicable fees are the responsibility of the patient.

** Schedule for employees living within 25 miles of a network provider. This schedule may be changed from time to time. Eye examinations received from an out-of-network Ophthalmologist will be reimbursed based on reasonable and customary fees, less a \$7.00 copayment.*

*** If the Refractive Surgery benefit is utilized, material benefits will be exhausted for four (4) calendar years.*

What lenses/coatings are included?

- Plastic or glass single vision, bifocal or trifocal lenses, in any prescription range.
- Glass grey #3 prescription lenses.
- Post-cataract lenses.
- Fashion, sun or gradient tinted plastic lenses.
- Polycarbonate lenses for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.

Are there any optional frames, lens types or coatings available?

Yes, you can pay the low, discounted fixed fees indicated and receive these exciting optional items:

- \$10.00 for a Designer frame from the "Tower Collection".
- \$25.00 for a Premier frame from the "Tower Collection".
- \$30.00 for polycarbonate lenses.
- \$35.00 for standard ARC (anti-reflective coating). Premium ARC is \$48.00.
- \$75.00 for polarized lenses.
- \$65.00 for plastic photosensitive lenses.
- \$55.00 for high-index (thinner and lighter) lenses.
- \$20.00 for scratch-resistant coating.
- \$20.00 for Photogrey Extra® (photosensitive) glass lenses.
- \$20.00 for blended invisible bifocals.
- \$30.00 for intermediate vision lenses.
- \$10.00 for oversize lenses.
- \$12.00 for ultraviolet (UV) coating.
- \$50.00 for standard progressive addition multifocal lenses. Premium progressive addition multifocals are \$90.00.***

*** Progressive addition multifocals can be worn by most people. Conventional bifocals will be supplied at no additional cost for anyone who is unable to adapt to progressive addition lenses; however, the copayment will not be refunded.

May I use the benefit at different times?

To maintain continuity of care, we recommend that all services be obtained at one time from either a network or an out-of-network provider.

When will I receive my eyewear?

Your eyewear will be sent to your provider from the laboratory generally within two to five business days. More delivery time may be needed when out-of-stock frames, ARC (anti-reflective coating), specialized prescriptions or non "Tower Collection" frames are selected.

What about out-of-network provider 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 1490
Latham, NY 12110

Only one claim per service may be submitted for reimbursement each benefit cycle. To request claim forms, please visit the Davis Vision website at www.davisvision.com or call 1-888-463-9370.

Employees living more than 25 miles from a network provider:

Reimbursement will be provided based on reasonable and customary fees. A \$7.00 copayment for an eye examination and \$10.00 material copayment for frames, lenses or combined frame and lenses will be applied against your maximum reimbursement. The frame allowance is \$16.00 and the cosmetic contact lens allowance is \$80.00. Claim forms are available by calling 1-888-463-9370.

Information about Refractive Eye Surgery Benefit:

Your benefit provides you and your eligible dependents coverage for Refractive Eye Surgery Benefits. A discount of up to 25% off fees for Refractive Eye Surgery may be available from participating network providers (please check with Davis Vision to confirm if the services you are getting are included in the discounted arrangement). Additionally a reimbursement of up to \$295.00 per eligible family member is available.

Please note that if you file for reimbursement under the Refractive Eye Surgery benefit, you will be ineligible for your material benefits (frame and spectacle lenses or contact lenses) for that calendar year and three (3) subsequent calendar years. Eye examinations are still covered during this time.

For more information or to locate network providers, please visit our website at www.davisvision.com or call **1-888-463-9370**.

More special features:



- Free membership and access to a mail order replacement contact lens service, Lens 1-2-3[®], providing a fast and convenient way to purchase replacement contact lenses at significant savings. For more information, please call 1-800-LENS-123 (1-800-536-7123) or visit the Lens 123 website at www.Lens123.com.
- A one year unconditional breakage warranty is provided for all eyeglasses completely supplied by Davis Vision.

Are there any exclusions?

The following items are not covered by this vision program:

- Medical treatment of eye disease or injury.
- Vision therapy.
- Special lens designs or coatings, other than those previously described.
- Replacement of lost eyewear.
- Non-prescription (plano) lenses.
- Two pairs of eyeglasses in lieu of a bifocal.
- Routine and Refractive services in the same calendar year.
- Contact lenses and a frame during the same calendar year.

For more information, please visit Davis Vision's website at www.davisvision.com or call Davis Vision at 1-888-463-9370 to:

- Learn about the Davis Vision company.
- Access the Interactive Voice Response Unit which will provide network providers nearest you.
- Verify eligibility for yourself or your dependents or print an Enrollment Confirmation from our website.
- Request an out-of-network provider reimbursement form.
- Understand emergency care.
- Speak with a Member Service Representative.
- Ask any questions about your Vision Care benefits.

Member Service Representatives are available:

- Monday through Friday, 8:00 am to 8:00 pm, Eastern Time, and;
- Saturday, 9:00 am to 4:00 pm Eastern Time.

Participants who use a TTY (Teletypewriter) because of a hearing or speech disability may access TTY services by calling **1-800-523-2847**.

Your rights as a patient:

Davis Vision recognizes that all patients have specific rights, including, but not limited to:

- The right to complete information about their healthcare options and consequences.
- The right to participate in all treatment decisions.
- The right to dignity, privacy, confidentiality and non-discrimination.
- The right to complain or appeal any decision.

Patients also have the responsibility:

- To provide complete and accurate information.
- To follow care instructions.

For a complete copy of *Your Rights and Responsibilities As a Patient*, please visit our website at: www.davisvision.com or call 1-888-463-9370.