Endowed Vision Plan

Contact DavisVision

(877) 923-2847; enter client code 9092 (prior to enrollment)

(800) 999-5431 (once enrolled)

www.davisvision.com/cornell

Davis Vision Plan

Endowed faculty and staff who elect to enroll in the Davis Vision Plan can access care through the Davis Vision network of independent, private practice doctors or select retail partners such as VisionWorks and select Walmart locations.

The Davis Vision Plan provides coverage for eye exams, eyeglasses, frames or contact lenses. If you go to a participating, in-network provider, you will pay less than if you go to an out-of-network provider.

Need more information? Call Davis Vision at 1-877-923-2847. Be sure to provide your client code 9092 (prior to enrollment). You can also log on to www.davisvision.com/cornell

Davis Vision I.D. Cards

If you are newly enrolled, you will receive a Welcome letter with I.D. cards. This information will include participating providers based on your zip code. If you need a replacement card, you can print an ID card on the DavisVision website.
# 2021/2022 Plan Comparison

<table>
<thead>
<tr>
<th>Benefit</th>
<th>In-network benefit</th>
<th>Out-of-network reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam (once every calendar year)</td>
<td>$0 copay</td>
<td>Up to $50 reimbursed</td>
</tr>
<tr>
<td>Frames (once every calendar year)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider offering Davis Vision Exclusive Collection of Frames3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fashion tier</td>
<td>$0 copay</td>
<td></td>
</tr>
<tr>
<td>Designer tier</td>
<td>$0 copay</td>
<td>N/A</td>
</tr>
<tr>
<td>Premier tier</td>
<td>$0 copay</td>
<td></td>
</tr>
<tr>
<td>Visionworks Retail locations</td>
<td>Allowance of up to $200 toward frames, plus 20% off any overage</td>
<td>N/A</td>
</tr>
<tr>
<td>Other eye care professionals</td>
<td>Allowance of up to $150 toward frames, plus 20% off any overage</td>
<td>Up to $50 reimbursed</td>
</tr>
<tr>
<td>Lenses (once every calendar year)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single, bifocal, trifocal, lenticular</td>
<td>$20 copay</td>
<td>$40 - $100 reimbursed</td>
</tr>
<tr>
<td>Lens extras</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tinting, scratch-resistant coating,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>kids' polycarbonate, oversize lenses</td>
<td>$0 copay</td>
<td>N/A</td>
</tr>
</tbody>
</table>
### Additional lens extras
- Progressives, anti-reflective, UV, scratch coatings (up to 50% off)
  - Fixed copay amounts
  - N/A

### Contact lenses - in lieu of eyeglasses (once every calendar year)

### Contacts from the Davis Vision Exclusive Collection of Contact Lenses
- Disposable
- Planned replacement
  - $0 copay – 4 boxes
  - $0 copay – 2 boxes
  - N/A

### Visionworks (in-network)

### Other eye care professionals
- (in-network or out-of-network)
  - Allowance of up to $150 toward Contacts, plus 15% off any overage
  - Up to $150 reimbursed

### Contact lens fitting fee
- Davis Vision Exclusive Collection
- Standard and specialty
  - $20 copay
  - 15% discount
  - $0 reimbursed

### Rates

**Effective 1/1/2020 through 12/31/2023**

<table>
<thead>
<tr>
<th>Premiums</th>
<th>Monthly</th>
<th>Per Pay Period</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>24 Pay Periods</td>
</tr>
<tr>
<td>Employee</td>
<td>$5.57</td>
<td>$2.79</td>
</tr>
<tr>
<td>Employee + Spouse/Domestic Partner</td>
<td>$11.13</td>
<td>$5.57</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$11.69</td>
<td>$5.85</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$16.28</td>
<td>$8.14</td>
</tr>
<tr>
<td>-------------------</td>
<td>--------</td>
<td>--------</td>
</tr>
<tr>
<td>Rates Effective 1/1/2020 through 12/31/2023</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Forms**

- Davis Vision Plan Enrollment Form (PDF)
- Davis Vision Claim Form (PDF)

**Tools and Resources**

- Find a Preferred Provider
- Vision Care Summary Plan Description (pdf)
- Announcement Letter - Vision Care Summary Plan Description (pdf)

**Eligibility**

Regular employees who work at least 20 hours per week, or 50% FTE (full time employment) for salaried employees for a period of 6 months or more, and who are included in payroll/benefit classifications designated by Cornell are eligible to apply for coverage under Cornell’s Dental and Vision Plans. Your spouse (or domestic partner) and children are eligible. Children may be covered through December 31 of the year in which their 26th birthday occurs. New employees have 60 days from the date of hire to enroll.

- More about benefits eligibility

**New Hires**

If your date of hire falls within a pay period, the effective date of coverage and the deduction date is the first day of the pay period following your date of hire. If your hire date falls on the first day of a pay period, the effective date of coverage and the deduction date is the same as your date of hire.

**Eligibility Changes in Coverage**

If you experience a qualified event (i.e. marriage), you must enroll within 60 days. Once you enroll, unless you experience a change in family status, you cannot stop or change your election until the next annual open enrollment period. Changes in family status include but are not limited to, birth, marriage, divorce, termination, dependent death.

**Qualifying Events**

If you experience a qualifying event and make a change to your coverage that falls within a pay period, the effective date and deduction date is the first day of the pay period following the qualifying event. If the qualifying event falls on the first day of a pay period, the effective date and the deduction date is the date of the qualifying event.

- **Biweekly qualifying event example:** if you are married on April 10, 2022 and submit a Davis Vision enrollment form to change from individual to family coverage dated May 20, 2022, the effective date of change of coverage is April 21, 2022 (the first day of the pay period following the qualifying event).

- **Semimonthly qualifying event example:** if you are married on April 5, 2022 and submit a Davis Vision enrollment form to change from individual to family coverage dated May 20, 2022, the effective date of change of coverage is April 16, 2022 and the deduction date is April 16, 2022 (the first day of the pay period following the qualifying event).

**Effective Date of Coverage**

Changes made during Open Enrollment will be effective January 1. Outside of Open Enrollment, your benefits will become effective on the first day of the pay period after your date of hire or qualified event (i.e. marriage, divorce). If your date of hire or qualified event is the first day of the pay period, your effective date is the date of hire/qualified event.
**Terminations**

You have coverage through the last day of the pay period in which you terminate employment. Biweekly termination example: if your last day of work is June 26, 2022, the last day of actual coverage is June 29, 2022. Semimonthly termination example: if your last day of work is June 20, 2022, the last day of actual coverage is June 30, 2022.

[/accordion]