

FUSION 100: The Ultimate Choicesm

All Employees and dependents covered for dental can individually choose to reduce their dental benefit maximum by \$100 each calendar year and apply this amount toward vision expenses.

There is *no* cash deductible, coinsurance, co-pay or schedule for the FUSION vision benefits.

Covered Vision Expenses

- Annual eye exams
- Lenses: single, bifocal, trifocal, lenticular and progressive
- Frames
- Contact lenses including fit and follow up
- Discounts are at no extra cost to plan members who use an EyeMed Access network provider

Exclusions and Limitations

- Services and supplies ordered or performed before coverage became effective or after coverage ends
- Sub-normal eye care aids, orthoptic or eye care training or any associated testing
- Non-prescription lenses, eye exams and eyewear required as a condition of employment, medical or surgical treatment of the eyes or any services not specified above
- For complete exclusions and limitations, contact your benefit advisor

\$750 and \$1,000 Dental Maximum Benefit Additional Monthly Rates for Fusion Vision (\$100 max calendar year)

<u>2-Tier Rates</u>	<u>3-Tier Rates</u>	<u>4-Tier Rates</u>
\$0.48 Employee	\$0.48 Employee	\$0.48 Employee
\$1.28 Employee & Family	\$1.08 Employee + 1 Dependent	\$1.16 Employee/Spouse
	\$1.44 Employee + 2 or More Dependents	\$0.88 Employee/Child(ren)
		\$1.56 Employee & Family

\$1,250, \$1,500 and \$2,000 Dental Maximum Benefit Additional Monthly Rates for Fusion Vision (\$100 max calendar year)

<u>2-Tier Rates</u>	<u>3-Tier Rates</u>	<u>4-Tier Rates</u>
\$0.72 Employee	\$0.72 Employee	\$0.72 Employee
\$1.92 Employee & Family	\$1.64 Employee + 1 Dependent	\$1.76 Employee/Spouse
	\$2.16 Employee + 2 or More Dependents	\$1.32 Employee/Child(ren)
		\$2.36 Employee & Family

Fusion 100 rates for the Business Council of New York are guaranteed through 01/01/11.