

Eye Care Coverage ID Card

The Business Council of New York State, Inc. • 026-50004

BENEFITS PROVIDED UNDER THIS POLICY AND ANY LIMITATIONS THAT MAY APPLY TO YOU OR YOUR INSURED DEPENDENTS ARE OUTLINED IN YOUR CERTIFICATE OF INSURANCE. THIS IS NOT A GUARANTEE OF BENEFITS. BENEFITS ARE DETERMINED AT THE TIME THE CLAIM IS FILED.

Signature of Insured



EYE CARE INSURANCE COVERAGE.

- FOR INSURANCE CLAIM BENEFIT QUESTIONS, CALL 1-800-659-5556.
- VISIT OUR WEBSITE AT WWW.FIRSTAMERITASGROUP.COM/BCNYS/ FOR CLAIM FORMS.
- PRESENT THIS CARD AT YOUR APPOINTMENT.
- YOU OR YOUR PROVIDER CAN MAIL THE CLAIM TO: FIRST AMERITAS, PO BOX 82596, LINCOLN, NE 68501 OR FAX THE CLAIM TO 402-467-7336.

EYE CARE DISCOUNT PROGRAM.

- FOR DISCOUNT PROGRAM QUESTIONS, CALL 1-866-828-0928. TO LOCATE THE NEAREST EYE MEDPROVIDER VISIT WWW.EYEMEDVISIONCARE.COM.
- EYE MED PROVIDERS: FOR DISCOUNT PROGRAM INFORMATION CALL 1-800-521-3605 OR VISIT WWW.EYEMEDVISIONCARE.COM.
- DISCOUNT PROGRAM PLAN ID 9232372.

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