

# The Business Council of New York State, Inc. Insurance Fund Premier Platinum Choice Vision

Plans for 2+ enrolled employees

**Strengthening your benefits package with vision coverage is more affordable than you might think.**

Vision is a relatively simple benefit that is considered high value and low cost. The Business Council of New York State, Inc. Insurance Fund is offering you two plans offered with similar plan benefits and identical rates, however the networks differ somewhat depending on your area. VSP tends to have more private practice providers, while EyeMed has more participating retail chains.

**Helping your employees meet their vision needs is as simple as picking a plan.**

<b>1</b> Select a benefit Frequency	These plans cover an exam and eyeglass lenses or contacts every 12 months. You decide if the plan provides a frame benefit every 12 or 24 months.
<b>2</b> Voluntary or Contributory	If voluntary, each eligible employee will have the option to purchase coverage at 100% of the cost. With contributory, you share the cost with the employee.
<b>3</b> Employees will choose a network	<p><b>Focus<sup>®</sup></b> plans offer the VSP Choice Network, featuring the nation's largest network of independent doctors. Members receive extra discounts on the latest designer frames, the option of prescription safety glasses in lieu of eyeglasses and the ability to use their in-network benefits online at Eyeconic. See what network providers are in your area at <a href="http://www.vsp.com">www.vsp.com</a>.</p> <p><b>ViewPointe<sup>®</sup></b> plans feature the EyeMed Insight Network, including 5 of the top 6 national retail chains and online in-network options. Members will find 100 frames priced \$130 or lower at every location and receive discounts on additional glasses and sunglasses that are above the industry standards. Look up your local network providers at <a href="http://www.eyemed.com">www.eyemed.com</a>.</p>

\*\*The employer will make a selection from Section 1 and Section 2. The employee will then select the vision provider network best suited to meet their needs.

## Contact Info



Ameritas Life Insurance Corp. of New York

## Focus: VSP network

Search for VSP providers in your area at [VSP.com](http://VSP.com)

### Benefit Summary

Provider Network	Premier Platinum Choice Vision Focus®	
	In Network	Out of Network
Annual Deductibles	\$10 exam \$25 Eye glass lenses or frames*	
Maximum Calendar Year	None	None
Annual Eye Exam	100%	Up to \$45
Single Vision Lenses	100%	Up to \$30
Bifocal Lenses	100%	Up to \$50
Trifocal Lenses	100%	Up to \$65
Progressive Lenses	See lens options	NA
Frames	\$150**	Up to \$70
Frequencies of Exam/ Lens/Frame	12/12/12 based on date of service	
<b>Contact Lenses</b>		
Fit & Follow Up Exams	Up to \$60	No benefit
<b>Contacts</b>		
Elective	Up to \$150	Up to \$120
Medically Necessary	100%	Up to \$210
Std. Polycarbonate	Covered in full for dependent children \$33 adults	No benefit
Scratch Resistant Coating	\$17- \$33	No benefit
Anti-Reflective Coating	\$43 - \$85	No benefit
Standard	NA	NA
Premium		
Tier 1	NA	NA
Tier 2	NA	NA
Tier 3	NA	NA
Ultraviolet Coating	\$16	No benefit
LASIK or PRK	NA	NA

\* Deductible applies to a complete pair of glasses or to frames, whichever is selected.  
\*\* The Costco allowance will be the wholesale equivalent.

94% of VSP doctors offer early morning or evening appointments and access to 24-hour emergency care



**94%**

No claim forms to complete when you see a VSP doctor



Out-of-network benefits can be used at



**When you visit a VSP network provider you'll save:**



**20% off remaining frame balance**



**20-25% off on-covered lens options such as UV coating & polycarbonate**



**20% off non-covered complete prescription glasses**



**15% off LASIK and PRK laser surgery retail price or**



**5% off promotion price**

#### Lens Options (Member Cost)\*

\$15

Solid Plastic Dye (Except Pink I & II)

\$17

Plastic Gradient Dye

\$31-\$82

Photochromatic Lenses (Glass & Plastic)

Lens Option member cost vary by prescription and option chosen

### Monthly Rates

Freq. Exams/Lenses/Frames	Voluntary		Contributory (75% Employer Paid)	
	12/12/12	12/12/24	12/12/12	12/12/24
Employee Only	\$9.80	\$8.52	\$7.46	\$6.48
Employee & Spouse	\$21.10	\$18.36	\$16.04	\$13.96
Employee & Child(ren)	\$17.10	\$14.86	\$13.00	\$11.30
Family	\$28.42	\$24.70	\$21.60	\$18.78

Rates good through 10/1/2019.

## ViewPointe: EyeMed network

Search for EyeMed providers in your area at [eyemed.com](http://eyemed.com)

### Benefit Summary

Provider Network	Premier Platinum Choice Vision ViewPointe®	
	In Network	Out of Network
Annual Deductibles	\$10 exam \$25 Eye glass lenses or frames*	No deductible
Maximum Calendar Year	None	None
Annual Eye Exam	100%	Up to \$35
Single Vision Lenses	100%	Up to \$25
Bifocal Lenses	100%	Up to \$40
Trifocal Lenses	100%	Up to \$55
Progressive Lenses	See lens options	NA
Frames	\$150	Up to \$75
Frequencies of Exam/ Lens/Frame	12/12/12 based on date of service	
<b>Contact Lenses</b>	Standard: Up to \$40 Premium: 10% off retail	No benefit
<b>Contacts</b>		
Elective	Up to \$150	Up to \$120
Medically Necessary	100%	Up to \$200
Std. Polycarbonate	\$40	No benefit
Scratch Resistant Coating	\$15	No benefit
Anti-Reflective Coating		
Standard	\$45	
Premium		
Tier 1	\$57	No benefit
Tier 2	\$68	
Tier 3	80% of the charge	
Ultraviolet Coating	\$15	No benefit
LASIK or PRK	Average discount of 15% off retail price or 5% off promotional price at US Laser Network participating providers.	No benefit

\* Deductible applies to a complete pair of glasses or to frames, whichever is selected.

\*\* The Costco allowance will be the wholesale equivalent.

### Monthly Rates

Freq. Exams/Lenses/Frames	Voluntary		Contributory (75% Employer Paid)	
	12/12/12	12/12/24	12/12/12	12/12/24
Employee Only	\$9.80	\$8.52	\$7.46	\$6.48
Employee & Spouse	\$21.10	\$18.36	\$16.04	\$13.96
Employee & Child(ren)	\$17.10	\$14.86	\$13.00	\$11.30
Family	\$28.42	\$24.70	\$21.60	\$18.78

Rates good through 10/1/2019.

On average, each EyeMed network provider is open **10 evening and 12 weekend hours** per week



You'll find 100 frames priced **\$130 or lower** at every location



**No claim forms** to complete when you see a EyeMed provider



**When you visit an EyeMed network provider you'll save:**



**20% off remaining frame balance**



**15% off remaining contact lens balance and additional contacts after benefit allowance**



**40% off non-covered complete prescription glasses**



**15% off LASIK and PRK laser surgery retail price or**



**5% off promotion price**

**Lens Options (Member Cost)\*  
Secondary Purchase Plan**

**\$15**

Tint (Solid & Gradient)

## Limitations for Focus: VSP Network

### Plan does not cover:

- more than one eye exam in the frequency as indicated on the plan summary page.
- more than one pair of lenses in the frequency as indicated on the plan summary page.
- more than one set of frames in the frequency as indicated on the plan summary page.
- services and/or materials not specifically included in the Schedule as covered Plan Benefits.
- plano lenses (lenses with refractive correction of less than plus or minus .50 diopter) except as specifically allowed in the frames benefit section of the Plan Benefits.
- services or materials that are cosmetic, including Plano contact lenses to change eye color and artistically painted Contact Lenses.
- two pairs of glasses in lieu of Bifocals.
- replacement of Spectacle Lenses, Frames, and/or contact lenses furnished under this plan that are lost or damaged, except at the normal intervals when services are otherwise available.
- orthoptics or vision training and any associated supplemental testing.
- medical or surgical treatment of the eyes.
- contact lens modification, polishing or cleaning.
- the refitting of Contact Lenses after the initial 90-day filing period.
- contact Lens insurance policies or service contracts.
- additional office visits associated with contact lens pathology.
- local, state and/or federal taxes, except where law requires us to pay.
- membership fees for any retail center in which an Affiliate or Open Access provider office may be located. Covered persons may be required to purchase a membership in such entities as a condition of accessing Plan Benefits.
- for services where Written proof of loss is not given to us within 120 days after completion of the service for a claim to be covered. Failure to provide the proof within the required time does not invalidate or reduce any claim if it was not reasonably possible to give proof within the required time. In that case, the proof must be provided as soon as reasonably possible.

Some brands of spectacle frames may be unavailable at all locations for purchase as Covered Expenses, or may be subject to additional out-of-pocket expenses. Members may obtain details regarding frame brand availability from their treating provider or by calling VSP's Customer Care Division at (800) 877-7195.

## Limitations for ViewPointe: EyeMed Network

### Plan does not cover:

- vision examinations more than the frequency as indicated on the plan summary page.
- lenses more than the frequency as indicated on the plan summary page.
- frames more than the frequency as indicated on the plan summary page.
- contact lenses more than once in any twelve month period. When chosen, contact lenses shall be in lieu of any other lens benefit during the twelve month period. When eyeglass lenses are chosen, expenses for contact lenses are not Covered Expenses during the twelve month period.
- contacts limited to the amount shown on the plan summary page unless they are medically necessary. Contact lenses are defined as medically necessary if the individual is diagnosed with one of the following conditions:
  - keratoconus where the patient is not correctable to 20/30 in either or both eyes using standard spectacle lenses.
  - high Ametropia exceeding -12 D or +9 D in spherical equivalent.
  - anisometropia of 3 D or more.
  - patients whose vision can be corrected two (2) lines of improvement on the visual acuity chart when compared to best corrected standard spectacle lenses.If the member is diagnosed with a medically necessary condition, the Provider will submit a request for pre-authorization to EyeMed. The Medical Director reviews all requests for medically necessary contact lenses. If approved, the member will be covered for medically necessary contact lenses up to the plan allowance.

Such payment is limited to once in any twelve month period and is in lieu of lens benefits under this proposal.
- orthoptics or eye care training and any associated testing.
- plano non-prescription lenses and non-prescription sunglasses (except for 20% discount).
- two pairs of glasses in lieu of bifocals. (Does not apply to Secondary Discounts).
- lenses and frames which are lost or broken, except at the normal intervals when services are otherwise available.
- medical and/or surgical treatment of the eye, eyes, or supporting structures.
- this plan covers claims for services submitted for payment within 120 days after the service is received. If it is not reasonably possible to submit a claim within the 120 days, it must be submitted as soon as reasonably possible.
- for any procedure not listed on the Schedule of Eye Care Services.



Ameritas Life Insurance Corp. of New York

This highlight is not a certificate of insurance or guarantee of coverage. Plan designs may not be available in all areas and are subject to individual state regulations. This information is provided by Ameritas Life Insurance Corp. of New York (Ameritas of New York). In New York, group dental, vision and hearing care products (9000 NY Rev. 03-15) and individual dental and vision products (Indiv. 9000 NY Rev. 07-16) are issued by Ameritas of New York.

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