

# vision coverage ID card

**The Business Council of New York State, Inc.**

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.

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Signature of Insured



**The  
Business  
Council**

**INSURANCE FUND**

**Ameritas** 

**Ameritas Life Insurance Corp.  
of New York**

## Vision insurance coverage

- For insurance claim benefit questions, call 1-800-659-5556.
- Visit our website at **ameritas.com** for claim forms.
- Present this card at your appointment.
- You or your provider can mail the claim to:  
**Ameritas Life Insurance Corp. of New York, PO Box 82595,  
Lincoln, NE 68501** or fax the claim to **402-467-7336**.

## Vision discount program

- For discount program questions, call 1-866-828-0926. 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.

GR 67 EYE NY Rev. 9-14