

NYS Vision Care Plan

For Employees Represented by

Management / Confidential

And for COBRA enrollees and their families with M/C vision care benefits

**Your Vision Care Plan is provided by the
State of New York.**

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INTRODUCTION

Participation in the NYS Vision Care Plan entitles you, your spouse or domestic partner and your covered dependents to eye care services from any of the Plan's Vision Care Providers at little or no cost. NYS Vision Care Plan Providers are located throughout New York State and are carefully monitored by an optometric expert. Stringent standards have been established for eye testing, testing equipment and referrals for other health problems.

As the administrator for the NYS Vision Care Plan, Davis Vision maintains an enrollment and claims history database, distributes Plan materials, and processes vision care benefits. Davis Vision also oversees a statewide network of participating providers and maintains a centralized laboratory that fabricates lenses. Davis Vision is responsible for ensuring that an extensive selection of frames and contact lenses is available at each participating provider location.

This Plan is designed to help you receive quality care by:

- **Admitting only highly qualified professionals as participating providers;**
- **Requiring thorough and complete examinations which must include a series of specialized testing procedures;**
- **Requiring the provider to explain fully all factors relating to each patient's eyes, vision, and eyeglasses or contact lenses;**
- **Encouraging each patient to complete and return a patient satisfaction form after receiving services; and**
- **Using a single laboratory committed to customer satisfaction and quality control.**

WHO IS ELIGIBLE?

YOU, THE ENROLLEE

All M/C represented employees who are eligible to enroll for coverage in the New York State Health Insurance Program (NYSHIP) and for whom coverage under the NYS Vision Care Plan has been negotiated or administratively extended are eligible. You may enroll in the NYS Vision Care Plan even if you do not enroll in NYSHIP.

To be eligible for coverage, you must:

1. Be expected to work at least six biweekly payroll periods.

and

2. Work at least half time on a regular schedule;

and

3. Be on the payroll at the time you enroll. If you begin work, then take an unpaid leave of absence, you are not eligible until you return to the payroll and complete a total of 28 days on the payroll, including days worked before your leave began.

YOUR DEPENDENTS

Dependents are also eligible, as follows:

Your Spouse or Domestic Partner:

1. Your spouse, including a legally separated spouse, is eligible. If you are divorced or your marriage has been annulled, your former spouse is not eligible, even if a court orders you to maintain coverage.

You may cover your same or opposite sex domestic partner as your dependent. A domestic partnership, for eligibility under the Vision Plan, is one in which you and your partner are 18 years of age or older, and unmarried at the time of application; not related in a way that would bar marriage; living together and financially interdependent for at least one year, and involved in a lifetime relationship. To enroll a domestic partner, you must have been in the partnership for at least one year. Your agency Health Benefits Administrator (HBA) has complete information on eligibility, enrollment procedures and coverage dates.

Note on tax implications: Under the Internal Revenue Service (IRS) rules for domestic partners, the fair market value of vision benefits for a domestic partner who is not the enrollee's qualified dependent for Federal income tax purposes is treated as income for tax purposes. Ask your tax consultant how enrolling your domestic partner will affect your taxes.

Your Child Under Age 19

2. Your unmarried children under 19 years of age are eligible. This includes your natural children, legally adopted children including children in a waiting period prior to finalization of adoption, and your dependent stepchildren. Other children who reside permanently with you in your household who are chiefly dependent on you and for whom you have assumed legal responsibility in place of the parent are also eligible. You must file a Statement of Dependence form with your HBA and be able to provide documentation.

Your Child Age 19 or Over

3. Your unmarried dependent children who are age 19 or over, but under age 25, are eligible if they are **full-time** students at an accredited secondary or preparatory school, college, or other educational institution and are otherwise not eligible for employer group coverage. They continue to be eligible until the first of the following dates:
 - The end of the third month following the month in which they complete course requirements for graduation; or
 - The end of the month in which they reach age 25.

For children other than your natural children, legally adopted children or dependent stepchildren supported by you as described in “2.” above, support must have begun before the child reached age 19.

You must complete a Student Status Form before your eligible student dependent can receive vision care benefits. Student Status Forms can be obtained by calling Davis Vision, or online at <http://www.cs.state.ny.us>.

If your child turns 19 during a school vacation period, coverage will continue provided that the child is enrolled in an accredited secondary or preparatory school or college or other accredited educational institution and plans to resume classes on a full-time basis at the end of the vacation period.

If your child is granted a medical leave by the school, vision care coverage will continue for a maximum of one year from the month in which the student withdraws from classes plus any time before the start of the next regular semester. You must be able to provide written documentation from the school and doctor.

Military Service Extends Eligibility

For purposes of eligibility as a full-time student, up to four years may be deducted from your dependent's age for service in a branch of the U.S. Military. You must be able to provide written documentation from the U.S. Military.

Certain Students Completing Graduation Requirements

4. Your unmarried dependent children who are age 19 or over, but under age 25, who need less than a full-time course load to satisfy requirements for graduation may also be eligible. They must:
 - a) otherwise qualify;

and

 - b) have been a full-time student in the term immediately preceding the semester or trimester in which course requirements will be completed.

You may be required to provide Davis Vision with a statement from your child's school or college administrator that verifies student status. Your child will continue to be eligible for up to three months after the end of the month in which he or she completes course requirements for graduation. Coverage will not be extended beyond this semester or trimester unless full-time student status is resumed.

Disabled Dependents

5. Your unmarried dependent children age 19 or over who are incapable of supporting themselves because of a mental or physical disability acquired before termination of their eligibility for vision care coverage are eligible. For example, if your child becomes disabled after reaching age 19 while covered as a full-time dependent student, the child may qualify to continue coverage as a disabled dependent.

If you have a child who qualifies for coverage as a disabled dependent, you must provide medical documentation. If you anticipate eligibility on this basis, you must file a Disability Form PS-451. Contact your agency Health Benefits Administrator as soon as possible after enrollment, even if your child is under the age when eligibility would normally terminate through age disqualification. The deadline for filing Disability Form PS-451 is 60 days after the child's 19th birthday. Coverage for disabled children may continue beyond age 25.

HOW TO ENROLL

If you are eligible for the NYS Vision Care Plan and you decide you want to be covered, you must sign up for coverage. **You will not be covered automatically.** To enroll for coverage, you must file Form PS-404 with your agency Health Benefits Administrator. You are eligible for benefits after you have completed 28 days of eligible employment.

If you didn't enroll when you were first eligible, contact your agency Health Benefits Administrator to request an enrollment form (PS-404).

COVERAGE: INDIVIDUAL OR FAMILY

Two types of coverage are available to you under the NYS Vision Care Plan.

- **Individual coverage** provides benefits for you only. It does not cover your dependents even if they are eligible for coverage.
- **Family coverage** provides benefits for you and your eligible enrolled dependents. To enroll yourself and your dependents in Family coverage, you must provide each person's date of birth, Social Security number (if one is assigned) and other information to the Vision Care Plan through your agency Health Benefits Administrator.

If you qualify for a change from Individual to Family coverage and you want Family coverage, contact your agency Health Benefits Administrator. You may make this change at any time you qualify.

YOUR BENEFITS

Benefits under the Plan are available to you, your spouse or domestic partner and covered dependents age 19 or over **once** in any **24-month period**. Benefits are available to your covered dependents under age 19 **once** in any **12-month period**. Before receiving any services, you should call Davis Vision at (518) 220-6300 or 1-800-999-5431, or access the Department of Civil Service web site at <http://www.cs.state.ny.us> to confirm your eligibility.

USING A PARTICIPATING PROVIDER

Your NYS Vision Care Plan benefit will be considered paid in full at a participating provider if you select frames and lenses offered by the Plan. If you select non-plan frames or lenses, you will receive an allowance toward the purchase, and you must pay any difference directly to the provider.

A list of participating providers is available by calling Davis Vision at (518) 220-6300 or toll free at 1-800-999-5431. You may also locate providers near you by accessing the Department of Civil Service web site at <http://www.cs.state.ny.us> (click on Employee Benefits & Services, select "M/C Vision", then select "Davis Vision Enrollee Information").

When You Need Vision Care Services

When you or your dependents need vision care services, simply contact a participating provider to schedule an appointment. Advise the provider that you are covered under the NYS Vision Care Plan. The provider's office will request the employee's ID number (usually your Social Security Number) and the year of birth of any dependent children for whom you are requesting services. Your provider will call Davis Vision for eligibility and benefit information. When eligibility has been confirmed, the provider will be issued an authorization number. You have 45 days to receive services after your provider has received your authorization number. You may call (518) 220-6300 or 1-800-999-5431 or access the Department of Civil Service web site at <http://www.cs.state.ny.us> to verify your eligibility. The provider must request another authorization or reconfirm your eligibility for services if your request for service is beyond the initial 45-day authorization. Davis Vision will pay your provider directly for covered services and materials.

What Services and Materials Are Covered

The Plan covers eye examinations, high quality spectacle lenses and an assortment of stylish frames. Contact lenses may be selected in lieu of receiving spectacle lenses and a frame (see next section – "Contact Lens Allowance").

Plan spectacle lenses, available in any prescription, include your choice of:

plastic or glass lenses	single vision, bifocal or trifocal lenses
PGX® (sun-sensitive) glass lenses	ultraviolet coating
lens tinting	oversized lenses
post-cataract (aphakic) lenses	blended segment bifocal lenses
Progressive Addition lenses	

In addition, the following benefits are available by paying an additional charge to your participating provider:

plastic photosensitive lenses	scratch-resistant coating
high index lenses	polarized lenses
ARC (anti-reflective coating)	

Polycarbonate lenses will be provided at no additional charge for children, monocular patients and patients with higher prescriptions ($> \pm 6.0$ diopters).

The Plan frame selection includes an assortment of plastic and metal frames that are available in many sizes, shapes and colors.

If you select non-plan frames or spectacle lenses, you will receive an allowance toward their purchase and you must pay any amount in excess of the allowance directly to the provider. Please refer to the Schedule of Allowances on page 8 for allowance information.

Plan spectacle lenses do not include non-prescription sunglass lenses or special lens designs.

Contact Lens Allowance

You may select Plan contact lenses (daily-wear, disposable or planned replacement) instead of eyeglasses. A copayment of \$25.00 or \$45.00 is required depending on the lenses selected. If you select or require, for proper correction, contact lenses other than those provided by the Plan, you will receive a \$40.00 allowance toward your contact lenses and contact lens services (i.e., fitting and evaluation fees) and you are responsible for any additional fees. Please note that contact lenses can be worn by most people, but not by all. Once the contact lens option is selected and lenses have been fitted, they may not be exchanged for eyeglasses. Each beneficiary may select one pair of eyeglass lenses and a frame or contact lenses, but not both.

Occupational Vision Benefits

The occupational benefit covers the cost of job-related eyeglasses (VDT eyeglasses, if appropriate for your job description) if that need is determined by a participating provider through special testing done in conjunction with your regular vision examination. The exam determines whether a special pair of eyeglasses would improve the performance of job-related activities. For example, employees who experience any eyestrain or discomfort while using their computer terminal may benefit by using eyeglasses made specifically for an intermediate distance.

Occupational eyeglasses can be provided in addition to regular eyeglasses but are available to employees only – dependents are not eligible for this benefit. The occupational vision benefit is **available only through a participating provider** and in conjunction with your regular vision benefit once in any 24-month period.

You must order your occupational eyeglasses during your regular vision examination. You may purchase enhanced frames and lenses for your occupational eyeglasses. Sun-sensitive and polarized lens options are not available for occupational eyeglasses.

USING A NON-PARTICIPATING PROVIDER

If you or your covered dependents choose to receive services from a non-participating provider, you must pay the provider directly and submit a claim form for reimbursement of your expenses.

When you submit your Vision Care claim form, you will be reimbursed up to the following maximums for the cost of an eye examination and materials:

Schedule of Allowances

Eye examination	\$ 20.00	Cataract single vision lenses	\$ 25.00
Frame	\$ 22.00	Cataract bifocal lenses	\$ 35.00
Single vision lenses	\$ 22.00	Contact lenses	\$ 40.00
Bifocal lenses	\$ 30.00	Eye examination &	
Trifocal lenses	\$ 40.00	Contact lenses	\$ 60.00

Submitting for Reimbursement

To be reimbursed for services received at a non-participating provider, you must:

- **Obtain a vision care claim form online at <http://www.cs.state.ny.us>**
- **Present your claim form at the time you receive services**
- **Ask your provider to complete the Provider Section of the claim form**
- **Sign the claim form and return it to Davis Vision along with your original receipts**

CATARACT CARE

If you or your covered dependent have cataract surgery and are enrolled in the New York State Health Insurance Program, additional benefits may be available under the Empire Plan or your HMO.

AN IMPORTANT REMINDER ABOUT RECEIVING BENEFITS

All three parts of your vision benefit (eye examination, lenses and frame) must be received from either a Participating Vision Care Provider(s) or non-participating provider(s). You must use one option or the other (participating or non-participating) for all three parts.

If you are using a non-participating provider(s), reimbursement for the eye examination, lenses and frame must be claimed **at the same time on one claim form**. **Partial usage of plan benefits is considered full usage.**

If you need additional information or assistance, please contact Davis Vision (refer to page 12).

WHEN COVERAGE ENDS

COVERAGE ENDS AFTER 28 DAYS.

Vision Care benefits cease while you are on leave without pay, unless you arrange for an extension of benefits with your agency Health Benefits Administrator.

If you resign, retire, transfer to an ineligible negotiating unit or are terminated, your Vision Care coverage will end 28 days after the last day of the last payroll period worked. You may have certain rights to continue coverage as explained below.

COBRA: CONTINUATION OF COVERAGE

This section explains your rights under the Consolidated Omnibus Budget Reconciliation Act (COBRA), a federal continuation of coverage law for you, your spouse or domestic partner and your covered dependents. The law requires that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health care coverage called "continuation coverage" at group rates in certain instances where coverage under the program would otherwise end.

The Vision Care benefits you may continue are the same benefits you receive as an active employee. This section summarizes your rights and obligations under the continuation coverage provisions of the law. If your spouse or domestic partner is also covered under the Plan, they should take the time to read this carefully.

60 Day Deadline

In order for dependents to continue coverage under COBRA, the employee or a family member is responsible for notifying the Employee Benefits Division of the New York State Department of Civil Service in writing of a divorce or termination of domestic partnership, of the Social Security determination that a qualified beneficiary was disabled at the time of the employee's termination or reduction in hours, a legal separation or of a child's losing eligible dependent status under the NYS Vision Care Plan within 60 days from the date coverage ends due to one of those events. Other people acting on your behalf may provide written notice to the Employee Benefits Division of a COBRA qualifying event. **If notice is not received in writing within that 60-day period, regardless of the reason, the dependent will not be entitled to choose continuation coverage.**

When you notify the Employee Benefits Division of one of these events, the Division will advise you of your right to choose continuation of coverage. You must inform the Employee Benefits Division of your desire to continue coverage within 60 days of the date you would lose coverage because of the events described previously, or 60 days from the date you are notified of your eligibility for continuation coverage, whichever is later.

A dependent who wishes to continue coverage as a COBRA enrollee must send a written request to the Employee Benefits Division within 60 days from the date coverage would otherwise end. If you, your eligible dependent or someone acting on your behalf does not choose continuation coverage, Vision Care coverage will end.

How Long You May Keep COBRA Coverage

You, the employee, will have the opportunity to maintain continuation coverage for 18 months. However, the continuation coverage period is extended to 29 months for you or your enrolled dependents if it is determined that you or your enrolled dependent is disabled (under Social Security Act provisions defining disabilities) either at the time of the initial COBRA qualifying event or during the first 60 days of COBRA coverage.

To qualify for this extension to 29 months, you must notify the Employee Benefits Division within 60 days of the disability award from Social Security and before the end of the 18-month continuation period.

If, during the continuation coverage period, another event takes place that would entitle a dependent spouse/domestic partner or child to his or her own continuation coverage, the continuation coverage may be extended. However, in no case will any period of continuation coverage be more than 36 months from the original COBRA qualifying event.

Dependents who were covered at the time of your initial qualifying event, and newborns or newly adopted children added to your COBRA continuation coverage within 30 days of birth or final adoption during your period of COBRA coverage, are considered qualified beneficiaries with their own rights to continue COBRA coverage for up to 36 months in the event of a second qualifying event. Other dependents added to your COBRA coverage, such as a newly acquired spouse or child who returns to school full-time, do not have continuation rights apart from yours.

Enrolled spouses/domestic partners and dependent children who lose eligibility due to a COBRA qualifying event have the opportunity to elect COBRA continuation coverage for up to 36 months.

WHO IS ELIGIBLE FOR COBRA:

You

If you are an active employee enrolled in the NYS Vision Care Plan, you have the right to continue coverage if you lose your coverage because of a reduction in your hours of employment or the termination of employment.

Your Spouse or Domestic Partner

The spouse or domestic partner of an employee covered as the employee's dependent by this Plan has the right to continue coverage if coverage under this Plan is lost for any of the following reasons:

1. Your death;
2. Termination of your employment;
3. Reduction in your hours of employment with New York State;

4. Divorce or termination of domestic partnership;
5. Legal separation (spouses only) -- Your spouse does not automatically lose Vision Care coverage if you are legally separated. However, if your spouse loses coverage under this Plan, he or she may continue coverage under COBRA.

Your Dependent Children

A dependent child of an employee covered under this Plan has the right to continue coverage if coverage under this Plan is lost for any of the following reasons:

1. The dependent ceases to be an eligible "dependent child" under this Plan;
2. The termination of your employment;
3. A reduction in your hours of employment with New York State;
4. Your divorce or termination of domestic partnership;
5. Your legal separation (NOTE: A dependent child does not automatically lose coverage because of parents' legal separation).
6. Your death.

When You or Your Dependents No Longer Qualify for COBRA:

New York State law provides that your COBRA coverage may be cancelled for any of the following reasons:

1. If New York State no longer provides Vision Care coverage to State employees;
2. If the premium for your COBRA coverage is not paid on time;
3. If you become entitled to Medicare benefits during the COBRA continuation period.

Your Costs Under COBRA

You will have to pay the entire premium for your continuation coverage plus a two (2) percent administration fee. (If your coverage continues beyond 18 months due to a determination of disability under the Social Security Act, you will pay 150% of the premium cost for the 19th through the 29th month.) You will have 45 days starting with the date you choose continuation coverage to pay any premium. After this 45-day period, you will have a grace period of 30 days to pay any subsequent premiums.

Whom to Contact:

If you have any questions about COBRA, please contact your agency Health Benefits Administrator.

IMPORTANT REFERENCES

If you wish to:

- **Verify eligibility**
- **Obtain a list of participating providers**
- **Obtain a non-participating provider claim form**
- **Obtain a Student Status Form**
- **Determine the status of a non-participating provider claim**

Contact:

Davis Vision
Vision Care Processing Unit
P.O. Box 1501
Latham, NY 12110

Telephone:

In the Capital District Area: 1-518-220-6300

Outside the Capital District Area: 1-800-999-5431

TTY (Teletypewriter)*: 1-800-523-2847

* For enrollees who use a TTY because of a hearing or speech disability

Online, visit:

<http://www.cs.state.ny.us>

If you wish to:

- **Enroll in the Plan**
- **Notify the Plan of a change of address**
- **Add or remove a dependent**

Call your agency Health Benefits Administrator at:

(fill in phone number)

If you, your spouse, domestic partner or a dependent loses eligibility for Vision Care coverage and would like to continue coverage under COBRA (see page 9-11), or if you or your enrolled dependents have any questions regarding continuing coverage under COBRA, call:

Your agency Health Benefits Administrator

or

Employee Benefits Division
NYS Department of Civil Service
The State Campus
Albany, NY 12239

Telephone:

In the Capital District Area: 1-518-457-5754

Outside the Capital District Area: 1-800-833-4344

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