



Department of Civil Service

Summary of Benefit Eligibility by Group - RFP entitled: “New York State Vision Plan Services”

Employee Group	Waiting Period New Employees	Dependent Child Benefits	Domestic Partner Coverage	Eligible for Upgrade Program	Eligible for Occupational Vision Program	Eligible for Medical Exception Program	Annual Contact Lens Exam (4)	Eligible for MEP Exam (3)	Eligible for Laser Vision Correction
Council 82 (arbitration eligible)	28 days	Covered up to age 26	Yes	Yes	No	Yes - enrollee or dependents, annual benefit	Yes	No	Yes: Enrollee -Funded Benefit (10% enrollee cost up to \$200 maximum once every five years); Dependent - Discount Benefit
Council 82 (contract affected)	28 days	Covered up to age 26	Yes	Yes	No	Yes - enrollee or dependents, annual benefit	Yes	No	Yes: Enrollee -Funded Benefit (10% enrollee cost up to \$200 maximum once every five years); Dependent - Discount Benefit
NYSCOPBA (arbitration eligible)	28 days	Covered up to age 26	Yes	Yes	No	Yes - enrollee or dependents, annual benefit	Yes	Yes	Yes: Enrollee -Funded Benefit (10% enrollee cost up to \$200 maximum once every five years); Dependent
NYSCOPBA (contract affected)	28 days	Covered up to age 26	Yes	Yes	No	Yes - enrollee or dependents, annual benefit	Yes	Yes	Yes: Enrollee -Funded Benefit (10% enrollee cost up to \$200 maximum once every five years); Dependent - Discount Benefit
M/C & unrepresented (includes PEs)	28 days	Covered up to age 26	Yes* *PE on an individual group basis	Yes	Yes - Rx sunglasses not allowed	Yes - enrollee or dependents, annual benefit (effective 7/1/08)	Yes	Yes	No
PBA - Troopers	28 days	Covered up to age 26	Yes	Yes	Yes (includes Rx Sunglasses and Prescription Lens Respirator Inserts) (2)	Yes - enrollee or dependents, annual benefit	No	Yes	Yes - Discount Benefit
PBA - Supervisors	28 days	Covered up to age 26	Yes	Yes	Yes (includes Rx Sunglasses and Prescription Lens Respirator Inserts) (2)	Yes - enrollee or dependents, annual benefit	No	Yes	Yes - Discount Benefit
PIA	28 days	Covered up to age 26	Yes	Yes	Yes (includes Rx Sunglasses and Prescription Lens Respirator Inserts) (2)	Yes - enrollee or dependents, annual benefit	Yes	Yes	Yes - Discount Benefit
PEF	28 days	Covered up to age 26	Yes	Yes	Yes - Rx sunglasses not allowed	Yes - enrollee or dependents, annual benefit	Yes	Yes	Yes - Discount Benefit
PBANYS	28 days	Covered up to age 26	Yes	Yes	No	Yes - enrollee or dependents, annual benefit	Yes	No	Yes: Enrollee -Funded Benefit (10% enrollee cost up to \$200 maximum once every five years); Dependent - Discount Benefit
SEHP (GSEU and CUNY) (1)	0 days	Covered up to age 26	Yes	No	No	No	No	No	No

(1) \$10.00 copayment for routine eye exam available at a participating provider only.

(2) Prescription Lens Respirator Inserts are in addition to standard Occupational Vision Benefit.

(3) Eligible program participants may receive an examination less than twenty-four (24) months, but no less than one year, from last examination, when referred by the physician caring for the medical condition.

(4) Eligible program participants must have used the plan's contact lens benefit during their most eligibility period at a participating provider or reimbursed by the plan at the non-network rate.