



Department of Civil Service

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

	PBANYS	Council 82 Arb. Eligible & Contract	SEHP (GSEU and CUNY)	MIC & unrepresented	NYSCOPBA Arb. Eligible & Contract	PBA-T	PBA-S	PEF	PIA
Frames:									
Basic	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Standard	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
Enhanced	Upgrade	Upgrade	No	Yes	Upgrade	Yes	Yes	Yes	Yes
Lenses:									
Glass	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Plastic	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Single Vision	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Bifocal	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Bifocal-blended segment	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
Progressive addition	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
Digital Progressive	Upgrade (8)	Upgrade (8)	No	Upgrade (8)	Upgrade (8)	Upgrade (8)	Upgrade (8)	Upgrade (8)	Upgrade (8)
Trifocal	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Polycarbonate	Upgrade (1)(7)	Upgrade (1)(7)	No (1)	Yes	Upgrade (1)(7)	Yes	Yes	Yes	Yes
High Index	Yes	Yes	No	Upgrade	Yes	Yes	Yes	Upgrade	Yes
Polaroid	Upgrade	Upgrade	No	Upgrade (6)	Upgrade	Upgrade	Upgrade	Upgrade (6)	Upgrade
Photosensitive glass	Yes	Yes	No	Yes (6)	Yes	Yes	Yes	X (6)	Yes
Photosensitive plastic	Yes	Yes	No	Upgrade (6)	Yes	Upgrade	Upgrade	Upgrade (6)	Upgrade
Prescription Lens Respirator Inserts	No	No	No	No	No	Yes	Yes	No	Yes
Post cataract	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
Blue Light Filtering	No	No	No	No	Upgrade (9)	No	No	No	No
Contact Lenses & Fitting:									
Soft, daily wear	Yes (2)	Yes (2)	Yes (5)	Yes (3)	Yes	Yes (2)	Yes (2)	Yes (3)	Yes (2)
Planned replacement	Yes (2)	Yes (2)	Yes (5)	Yes (4)	Yes	Yes (2)	Yes (2)	Yes (4)	Yes (2)
Disposable	Yes (2)	Yes (2)	Yes (5)	Yes (4)	Yes	Yes (2)	Yes (2)	Yes (4)	Yes (2)
Finishes:									
Fashion tints	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
Ultraviolet coating	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
Sunglasses	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
Reflection Free	Upgrade	Upgrade	No	Upgrade	Upgrade	Upgrade	Upgrade	Upgrade	Upgrade
Scratch Protection	Yes	Yes	No	Upgrade	Yes	Yes	Yes	Upgrade	Yes

(1) Polycarbonate lenses are available as a covered benefit to dependent children and a \$30 copay for adults. Polycarbonate is not an eligible benefit for adult members in SEHP.

(2) Contact lens exam, fitting and material are included in \$200 allowance.

(3) Subject to contact lens copayment of \$25 for conventional lenses.

(4) Subject to contact lens copayment of \$45 for disposable and planned replacement lens.

(5) SEHP contact lens benefit is for standard fit only. There is no benefit if a premium fit is required.

(6) Photosensitive and Polaroid lenses are not available under the occupational vision benefit.

(7) Standard polycarbonate lenses are a covered benefit for monocular patients and patients with prescriptions higher than +/- 6 diopters.

(8) Digital progressive lens are available to eligible groups at a \$90 copay.

(9) Blue Light Filtering is currently eligible at a \$15 charge to the member, the Plan is not charged for this upgrade