PBA

Police Benevolent Association - Supervisors

And for COBRA enrollees and their families with PBA vision care benefits

New York State Vision Plan 2007

Information for New York State Employees represented by PBA and for COBRA enrollees and their families with PBA vision care benefits

2007 New York State Department of Civil Service

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EyeMed VISION CARE®

Introduction

The NYS Vision Plan provides you, your spouse or domestic partner and your covered dependents with eye care services and materials. The plan is administered by EyeMed Vision Care, a national leader in the vision care industry.

With EyeMed, quality care is easy to find. Enrollees have access to a nationwide network, including more than 1,800 providers across New York State. The network includes independent practice eye doctors as well as major optical retailers.

EyeMed verifies enrollee eligibility with the network provider, processes claims and reimburses the provider for in-network services or the enrollee for out-of-network services. EyeMed also operates a customer call center to support the plan and manages the nationwide network of vision providers.

The Importance of Vision Care

Vision care is an important benefit, as regular eye exams help ensure visual and overall health. Comprehensive eye exams not only detect the need for vision correction, but can also reveal medical conditions such as diabetes or high blood pressure.

How to Enroll

If you are eligible for the NYS Vision Plan and you decide to participate, you must sign up for coverage. **You will not be covered automatically.** To enroll for coverage, file Form PS-404 with your agency Health Benefits Administrator. You are eligible for benefits after you have completed 56 days of eligible employment.

Types of Coverage

You can choose one of two types of coverage:

- **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 Plan through your agency Health Benefits Administrator.

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

If you qualify for and want to make a change from Individual to Family coverage, contact your agency Health Benefits Administrator.

Using Your Benefits

The vision benefits described in this booklet are available to you, your spouse or domestic partner and covered dependents age 19 or over once every 24 months. Covered dependents under the age of 19 can receive benefits once every 12 months. Before receiving services, you can confirm eligibility by accessing your vision benefits on NYS online, www.cs.state.ny.us, and clicking on the link to EyeMed, or by calling EyeMed's customer call center at 877-226-1412.

The NYS Vision Plan is easy to use; simply follow the steps below to receive services.

Using a Participating Provider

To get the most out of your vision plan, consider receiving services at a provider who participates on the EyeMed panel. These "in-network" or "participating" doctors have agreed to meet certain quality standards, and EyeMed monitors their ongoing performance to help ensure quality member care.

In-network benefits are easy to use, as the provider will file the claim on your behalf. You will only need to do the following:

1. ***Locate a Provider:*** You can locate providers by accessing your vision benefits on NYS online, www.cs.state.ny.us, and clicking on the link to EyeMed, by referencing the provider listing included with your ID Card brochure or by calling EyeMed's customer call center at 877-226-1412.
2. ***Schedule an Appointment:*** Schedule an appointment with your selected provider and identify yourself as a member of the New York State Vision Plan.
3. ***Obtain Services:*** Present your EyeMed ID card at the time of service and the provider will take care of the rest. Your provider will verify eligibility, explain your benefit coverage and answer any questions you may have.

Using a Non-Participating Provider

Should you decide to obtain vision services from a doctor who does not participate on EyeMed's panel, you will be eligible for "out-of-network" or "non-participating" reimbursements as defined in the Benefit Overview on page 4 of this booklet. Be sure to confirm eligibility before receiving services. The out-of-network process is as follows:

1. ***Obtain an Out-of-Network Claim Form:*** Print an out-of-network claim form from EyeMed's website for the New York State Vision Plan, which you can link to from www.cs.state.ny.us, or call the EyeMed Customer Care Center at 877-226-1412.
2. ***Pay for Services:*** At the time of your appointment, pay for all services and materials in full and obtain an itemized receipt.
3. ***Mail Claim Form and Receipts:*** Send the completed claim form and receipts to EyeMed at the following address:

   ATTN: Out-of-Network Claims
   PO Box 8504
   Mason, Ohio 45040-7111
   Fax: 866-293-7373
4. ***Reimbursement:*** EyeMed will process the claim and reimburse you directly up to the allowed amounts.

Benefit Overview

The following provides an overview of the vision plan available to you.

Standard Plan
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Vision Care Services	Member Cost	Out-of-Network Reimbursement
Exam with Dilation as Necessary:	$0	$16
Contact Lens Fit and Follow-Up: (Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed.)		
Standard Contact Lens Fit and Follow-Up:[1]	Paid-in-full fit and two follow-up visits	N/A[5]
Premium Contact Lens Fit and Follow-Up:[2]	Paid-in-full fit and two follow-up visits	N/A[5]
Frames: Any available frame at provider location	$100 retail allowance, 80% of balance over $100	$14
Standard Plastic Lenses:		
Single Vision	$0	$14
Bifocal	$0	$23
Trifocal	$0	$32
Cataract (Lenticular and Aphakic)	$0	$35
Lens Options:		
Glass	$0	N/A
Blended Segment	$0	N/A
UV Coating	$0	N/A
Tint (Solid and Gradient)[3]	$0	N/A
Standard Scratch-Resistance	$0	N/A
Standard Polycarbonate - under 19	$0	N/A
Standard Polycarbonate[4] - 19 and over	$37	N/A
Standard Progressive (Add-on to Bifocal)	$0	N/A
High Index	$0	N/A
Photocromatic SV Glass	$8	N/A
Photocromatic MF Glass	$22	N/A
Photocromatic SV Plastic	$54	N/A
Photocromatic MF Plastic	$62	N/A
Standard Anti-Reflective Coating	$45	N/A
Other Add-Ons and Services	80% of retail price	N/A
Contact Lenses [5] *(Contact lens allowance covers materials only)*		
Conventional	$105 allowance, 85% of balance over $105	$184
Disposable	$105 allowance, plus balance over $105	$184
Frequency (based on date of service):		
Examination	Once every 24 months[6]	
Frame	Once every 24 months[6]	
Lenses or Contact Lenses	Once every 24 months[6]	

[1] Standard Contact Lens Fitting - spherical clear contact lenses in conventional wear and planned replacement (Examples include but not limited to disposable, frequent replacement, etc.)
[2] Premium Contact Lens Fitting - all lens designs, materials and specialty fittings other than Standard Contact Lenses (Examples include toric, mulitfocal, etc.)
[3] Light transmission created by tint at 30% or less combined with UV protection would be considered a sunglass lens
[4] Standard polycarbonate lenses are a covered benefit for monocular patients and patients with prescriptions higher than +/- 6 diopters.
[5] In-Network Contact Lens benefit is $200 and includes an examination, CL Fit & Follow-up and $105 material allowance. Out-of-Network Contact Lens benefit is $200 and includes $16 exam allowance plus $184 CL Fit & Follow-up and materials allowance. Out-of-Network reimbursement must be claimed at the same time on one claim form.
[6] Benefits under the plan are available to employees and covered dependents aged 19 and over once in any 24-month period. Benefits are available to covered dependents up to, but not including 19 once in any 12-month period.

Additional Discounts:
Member will receive a 20% discount on items not covered by the plan at network Providers, which may not be combined with any other discounts or promotional offers, and the discount does not apply to EyeMed Provider's professional services, or contact lenses. Retail prices may vary by location.
Discounts do not apply for benefits provided by other group benefit plans. Allowances are one-time use benefits; no remaining balance.
Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.

Occupational[1] Plan
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Vision Care Services	Member Cost	Out-of-Network Reimbursement
Occupational Exam/Testing:	$0	N/A
Contact Lens Fit and Follow-Up:		
Standard Contact Lens Fit and Follow-Up:	N/A	N/A
Premium Contact Lens Fit and Follow-Up:	N/A	N/A
Frames: Any available frame at provider location	$100 retail allowance, 80% of balance over $100	N/A
Standard Plastic Lenses:		
Single Vision	$0	N/A
Bifocal	$0	N/A
Trifocal	$0	N/A
Cataract (Lenticular and Aphakic)	$0	
Lens Options:		
Glass	$0	N/A
Blended Segment	$0	N/A
UV Coating	$0	N/A
Tint (Solid and Gradient)	$0	N/A
Standard Scratch-Resistance	$0	N/A
Standard Polycarbonate[2]	$37	N/A
Standard Progressive (Add-on to Bifocal)	$0	N/A
High Index	$0	N/A
Photocromatic SV Glass	$8	N/A
Photocromatic MF Glass	$22	N/A
Photocromatic SV Plastic	$54	N/A
Photocromatic MF Plastic	$62	N/A
Standard Anti-Reflective Coating	$45	N/A
Other Add-Ons and Services	80% of retail price	N/A
Contact Lenses *(Contact lens allowance covers materials only)*		
Conventional	N/A	N/A
Disposable	N/A	N/A
Frequency (based on date of service):		
Examination	Once every 24 months	
Eyeglass Lenses	Once every 24 months	
Frame	Once every 24 months	

[1] The occupational benefit covers the cost of job-related eyeglasses, including Rx Sunglasses or VDT, plus respirator inserts. This benefit is available only to employees - dependents are not eligible. Occupational eyeglasses are available only through a participating provider and must be ordered during the regular vision examination.

[2] Standard polycarbonate lenses are a covered benefit for monocular patients and patients with prescriptions higher than +/- 6 diopters.

Additional Discounts:

Member will receive a 20% discount on items not covered by the plan at network Providers, which may not be combined with any other discounts or promotional offers, and the discount does not apply to EyeMed Provider's professional services, or contact lenses. Retail prices may vary by location.

Discounts do not apply for benefits provided by other group benefit plans. Allowances are one-time use benefits; no remaining balance.

Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.

Plan Features

Occupational Vision Benefits

The occupational vision benefit provides you with Plan coverage for an additional pair of job-related eyeglasses (including prescription sunglasses), if determined necessary by a participating provider based on your job duties and special testing done in conjunction with your regular vision examination. Occupational eyeglasses are available to employees only; dependents are not eligible for this benefit. You must order your occupational eyeglasses from a participating provider during your regular vision examination.

Additional Savings

After your initial benefit has been used, you can still save money on additional purchases at in-network providers. You will receive 40% off the retail price for additional complete pairs of glasses, 15% off additional conventional contact lenses and 20% off non-covered items such as lens solutions and accessories (cannot be applied to doctor's services or contact lenses).

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.

Eyewear Purchase Period

You have 90 days to purchase eyewear at a participating provider from the date of the exam. Otherwise, the eyewear benefit will not be available until you are eligible for your next exam.

Plan Limitations / Exclusions:

The following are excluded from coverage under this plan:

- Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing
- Medical and/or surgical treatment of the eye, eyes, or supporting structures
- Services provided as a result of any Worker's Compensation law
- Benefit is not available on certain frame brands in which the manufacturer imposes a no discount policy
- Corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under the plan
- Plano non-prescription lenses and non-prescription sunglasses (except for 20% discount)
- Service or materials provided by any other group benefit providing for vision care
- Two pairs of glasses in lieu of bifocals
- Aniseikonic lenses

Eligibility Guidelines

You, the Enrollee

All PBA 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 Plan has been negotiated or administratively extended are eligible. You may enroll in the NYS Vision Plan even if you do not enroll in NYSHIP.

To be eligible for coverage, you must be expected to:

1. work at least six biweekly payroll periods; **and**
2. work at least half time on a regular schedule; **and**
3. you must 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 56 days on the payroll, including days worked before your leave began.

Dependents

Dependents are also eligible, as follows:

1. Spouses or Domestic Partners

Spouses, including those legally separated, are 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 also enroll a same or opposite sex domestic partner as a 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 six months, and involved in a lifetime relationship. To enroll a domestic partner, you must provide proof that you have lived together and been financially interdependent for at least six months and that you presently satisfy the other eligibility criteria. Your agency Health Benefits Administrator (HBA) has complete information on eligibility, enrollment procedures, proof requirements 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.

2. Children Under Age 19

Unmarried children under age 19 are eligible, including natural children, legally adopted children (including children in a waiting period prior to finalization of adoption) and dependent stepchildren. Other children who reside permanently in your household and who are chiefly dependent on you (more than 50%), and for whom you have assumed legal responsibility in place of the parent, are also eligible. Qualifying support and residence must have started prior to the age of 19. You must file a Statement of Dependence form with your HBA and be able to provide documentation.

3. Children Age 19 or Over

Unmarried dependent children 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.

Children other than your natural children, legally adopted children or dependent stepchildren must live with you and be chiefly dependent on you after age 19 to be eligible and support and residence must have started prior to age 19. **You must complete a Student Status Form before an eligible student dependent can receive vision care benefits**. A Student Status Form is included in this booklet or can be obtained online at http://www.cs.state.ny.us. It is the enrollee's responsibility to submit the form to ensure dependent eligibility at the time of service.

If a child turns 19 during a school vacation period, coverage will continue provided 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 day 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, or if the school does not grant medical leaves from the student's doctor.

Military Service Extends Eligibility

For purposes of eligibility as a full-time student, up to four years may be deducted from a 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.

4. Certain Students Completing Graduation Requirements

Unmarried dependent children 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 EyeMed with a statement from your child's school or college administrator that verifies student status. The 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.

5. Disabled Dependents

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.

Ending Coverage and COBRA Continuation

When Coverage Ends

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, a legal separation or of a child's losing eligible dependent status under the NYS Vision 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 will be extended to 29 months for you and your enrolled dependents if you or your enrolled dependent is disabled (under Social Security Act provisions defining disabilities). If you are disabled under Social Security at the time of COBRA election, you must notify the Employee Benefits Division within the first 60 days of COBRA coverage in order to qualify for the 11 month extension for the disabled. If you become disabled under Social Security during COBRA continuation, you must notify the Employee Benefits Division within 60 days of the notice of disability and prior to the end of the 18 month COBRA 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 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.

Spouses or Domestic Partners

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.

Dependent Children

A dependent child of a covered employee 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 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.

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.

Who to Contact

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

Glossary of Terms

Term	*Definition*
In-Network Benefits	Benefits obtained at an EyeMed participating vision provider.
Out-of-Network Benefits	Allowances reimbursed for services and materials obtained from vision providers who are not part of EyeMed's panel.
Optometrist, or OD	An eye doctor who has completed four years of post-graduate optometry school. Optometrists examine eyes and can prescribe corrective eyewear.
Ophthalmologist, or MD	A medical doctor who specializes in the eye. In addition to preventive eye care, ophthalmologists can prescribe medication for eye conditions and perform eye surgery.
Optician	Opticians sell and fit eyeglasses, sunglasses, and specialty eyewear. Opticians are not doctors but in most states must be licensed following specialized training.
Polycarbonate Lenses	Lenses made from a lightweight material 10 times more impact-resistant than other plastics. Recommended for children's eyewear and required in children's glasses in some states.
Progressive Lenses	Sometimes referred to as no-line bifocals, provide visual correction for distances and for up-close work.
High Index Lenses	Lenses made from newer plastic materials that bend light more than the traditional plastic lenses. This results in lighter, thinner lenses, especially for those with strong prescriptions.
Photocromatic Lenses	Lenses that changes from transparent to tinted when exposed to ultraviolet light.
Lenticular Lenses	Lenses that are designed to reduce the weight and thickness and are used primarily for post-cataract lenses. The power is in the center of the lens but the edge is a portion of plain glass, so it is easily mounted in a frame.
Conventional Contact Lenses	Traditional contact lenses worn for six months or longer.
Disposable Contact Lenses	Contact lenses that must be replaced within a certain period of time. Frequencies range from daily to monthly to quarterly.
Standard Contact Lens Fit and Follow-Up	Commonly used contact lens types defined as spherical clear contact lenses. These include disposable contact lenses, planned replacement lenses and others.
Premium Contact Lens Fit and Follow-Up	Contact lenses such as toric and multifocal lenses, which are not included in the standard contact lens selection.
Occupation Exam/Testing	The occupational benefit covers the cost of job-related eyeglasses, including prescription sunglasses or VDT, plus respirator inserts. Dependents are not eligible for Occupational benefits. Occupational eyeglasses are only available through a network provider and must be ordered during the regular vision examination.

Who To Contact

EyeMed Vision Care

Please contact EyeMed Vision Care with any questions or if you wish to:

- Verify eligibility
- Obtain a list of participating providers
- Obtain an out-of-network claim form
- Obtain a Student Status Verification Form
- Check the status of an out-of-network claim
- Recommend a provider for participation on the EyeMed panel

General Address:	**Out-of-Network Claims Address:**
EyeMed Vision Care 4000 Luxottica Place Mason, OH 45040-7111	EyeMed Vision Care Attn: Out-of-Network Claims P.O. Box 8504 Mason, OH 45040-7111

Telephone: 877-226-1412
Fax: 866-293-7373
Website: http://www.cs.state.ny.us

Health Benefits Administrator

Contact your agency Health Benefits Administrator if you wish to:

- Enroll in the Plan
- Notify the Plan of a change of address
- Add or remove a dependent
- If you, your spouse, domestic partner or a dependent loses eligibility for Vision Care coverage and would like to continue coverage under COBRA, or if you or your enrolled dependents have any questions regarding continuing coverage under COBRA

Agency Health Benefits Administrator:

_____
(fill in phone number)

or

Employee Benefits Division
NYS Department of Civil Service
80 South Swan Street
Albany, NY 12239

Telephone:
In the Capital District Area: 518-457-5754
Outside the Capital District Area: 800-833-4344

STATE OF NEW YORK

STUDENT VERIFICATION FORM – VISION CARE

DEPENDENT STUDENT: An unmarried child, who is a full time student, will be covered through age 24. *(Dependent must be considered a full-time student by the school attended.)*

TO BE COMPLETED FOR DEPENDENT STUDENTS AGES 19 THROUGH 24 WHO WILL BE USING THE PLAN. **Please return this form to EyeMed Vision Care via US postal mail, email, or fax at least 10 days before services will be requested.**

I certify that my dependent, _____, _____
(PRINTED NAME) (DATE OF BIRTH)

is unmarried, and is enrolled full-time in an accredited secondary or preparatory school or college. I agree to advise EyeMed Vision Care promptly of any changes in my child's dependent student status.

Name of School:_____ Location:_____

Semester starts:_____ Semester ends:_____

_____ _____
Enrollee's Printed Name **Enrollee's Social Security Number**

_____ _____
Enrollee's Signature **Date**

Please return form to EyeMed Vision Care via one of the following methods:

1. **Mail to:** **EyeMed Vision Care**
   Attn: Membership
   4000 Luxottica Place
   Mason, OH 45040

2. **Fax to the attention of "EyeMed Vision Care – Membership" at 513-492-3605.**

3. **Email Address: Enroll@eyemedvisioncare.com**

Any person who knowingly and with the intent to defraud any company or other person files a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claims for each such violation.

Cut Here