

New York State Vision Plan

For Employees of the State of New York

Enrolled in the Student Employee Health Plan (SEHP)

and for their enrolled dependents

and for COBRA enrollees and their families with SEHP vision care benefits

January 1, 2009

State of New York
Department of Civil Service
Employee Benefits Division
www.cs.state.ny.us

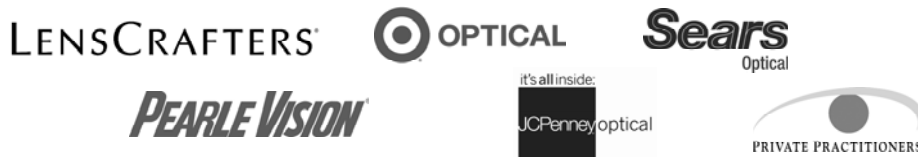
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Introduction

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. 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

Contact your agency's Health Benefits Administrator for specific information regarding eligibility requirements and how to enroll.

Using Your Benefits

The vision benefits described in this booklet are available to you, your spouse or domestic partner and covered dependents once every 24 months. Before receiving services, you can confirm eligibility by accessing your vision benefits on NYS online, www.cs.state.ny.us, choose Benefit Programs, choose NYSHIP Online, follow links and click 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 from a participating provider. 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. The provider will file the claim on your behalf. You will only need to do the following:

1. **Locate a Provider:** You can locate participating providers by accessing your vision benefits on NYS online, www.cs.state.ny.us, choose Benefit Programs, choose NYSHIP Online, follow links and click 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 participating 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.

No benefits are available from providers who do not participate in the EyeMed network.

Ending Coverage and COBRA Continuation

When coverage ends

Your coverage in NYSHIP SEHP will end 28 days after the last day of the last payroll period worked, even if your identification card has a different termination date. Do not use your card after coverage ends. It is insurance fraud for an enrollee or dependent to use the card to obtain services after eligibility for coverage ends.

COBRA: Continuation of Coverage

If you wish to continue NYSHIP SEHP benefits after your employment-based eligibility ends, you and your covered dependents have the right to elect COBRA within 60 days of your last day of coverage. Employees receive a COBRA application automatically when employment ends. Dependents may enroll in COBRA by writing to the Employee Benefits Division.

Benefit Summary – Student Employee Health Plan

Benefits under the plan are available to employees and covered dependents once in any 24-month period. This benefit covers an eye exam, frames and lenses (or contacts). The benefit does not cover both lenses and contacts. The following provides an overview of the vision plan available to you at an EyeMed Participating Provider. No benefits are available for out-of-network services or supplies.

Vision Care Services	In-Network Member Cost
Exam with Dilation as Necessary:	\$10 Copay
Frames: Any available frame at provider location	\$80 retail allowance
Standard Plastic Lenses: Single Vision Bifocal Trifocal	 \$0 \$0 \$0
Lens Options: Glass Standard Polycarbonate – 19 and Over Standard Polycarbonate - Under 19 Other Add-Ons and Services	 \$0 Full Retail \$0 Full Retail

Contact Lenses: Prescriptions for contact lenses are valid for one year only. NYS State law requires that the contact lens wearer get a new eye exam before a new prescription is issued. The NYS Vision Plan covers an eye exam once every 24 months for employees and covered dependents. The cost of an eye exam more frequently than 24 months is the responsibility of the member.

<p>Contact Lens Fit and Follow-Up: (Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed.)</p> <p>Standard Contact Lens Fit and Follow-Up: (Spherical clear contact lenses in conventional wear and planned replacement. Examples include but not limited to disposable, frequent replacement, etc.)</p> <p>Premium Contact Lens Fit and Follow-Up: (All lens designs, materials and specialty fittings other than Standard Contact Lenses. Examples include toric, multifocal, etc.)</p>	<p>Paid-in-full fit and two follow-up visits</p> <p>Full retail</p>
<p>Contact Lenses (<i>Contact lens allowance covers materials only</i>) Conventional Disposable</p>	<p>\$105 allowance \$105 allowance</p>

Additional Plan Features

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 and 15% off additional conventional contact lenses.

Cataract Care

If you or your covered dependent has cataract surgery additional benefits may be available under the medical portion of the Student Employee Health Plan.

Eyewear Purchase Period

Members must purchase eyewear on the same date as the exam, if eyewear is needed. Otherwise, the eyewear 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
- Service or materials provided by any other group benefit providing for vision care
- Aniseikonic lenses
- Prism lenses

Glossary of Terms

Term	Definition
In-Network Benefits	Benefits obtained at an EyeMed participating vision provider.
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.
Blended Segment Lenses	Blended lenses (progressive lenses) are lenses that are line-free. The power gradually changes from distance correction to intermediate vision, to near vision, moving invisibly from the top to the bottom of the lens.
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.

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
- Recommend a provider for participation on the EyeMed panel

General Address:

EyeMed Vision Care
4000 Luxottica Place
Mason, OH 45040-7111

Contact:

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**

Address:

NYS Department of Civil Service
Alfred E. Smith Building
Albany, NY 12239

Telephone:

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

**AUTHORIZATION FOR THE USE AND DISCLOSURE
OF INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION
NYS VISION PLAN**

I hereby authorize the use or disclosure of my individually identifiable health information as described below. By signing this document I understand that I authorize a person or entity to receive information and it may be re-disclosed and no longer protected by federal privacy regulations.

Persons/organizations authorized to use or disclose the information: EyeMed Vision Care

Complete the following information:

The persons/organizations you are authorizing to receive the information:
Specific description of information that may be used/disclosed:
This authorization expires on [insert applicable date or event]:

I understand that I may inspect or copy the information used or disclosed. I understand that I may revoke this authorization at any time by notifying the person/organization providing the information in writing, except to the extent that:

- action has been taken in reliance on this authorization; or
- if this authorization is obtained as a condition for obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy.

A copy of this signed form will be provided to the member.

Complete the following information only if EyeMed Vision Care is requesting the information for its own uses and disclosures:

The information will be used/disclosed for the following purposes [Check One]: <input type="checkbox"/> At the Request of the Individual <input type="checkbox"/> Other-Please Describe:
The organization authorized to use/discard the information will receive compensation for doing so. Yes <input type="checkbox"/> No <input type="checkbox"/>
This authorization expires on [insert applicable date or event]:

I understand that this authorization is voluntary and that I may refuse to sign this authorization. My refusal to sign will not affect my ability to obtain treatment; receive payment; or eligibility for benefits unless allowed by law.

Complete and sign this section:

Signature of Patient:	Date
Printed Name of Patient:	Patient Date of Birth:
Enrollee SSN or EyeMed MVC Number (located on your ID card):	