

New York State Unified Court System

Welcome to

!

We are pleased to provide you with information on your vision benefit to help you care for your vision and eye health - a key part of overall health and wellness!

Using your benefits is easy! Just log on to our Member site at and click "Find a Provider," or call us at

If you are not currently enrolled, please visit our member site at or call to locate providers or for additional information.

Make an appointment. Tell your provider you are a member with coverage through New York State Unified Court System . Provide your member ID number, name and date of birth, and do the same for your covered dependents seeking vision services. Your provider will take care of the rest!

Your Premier Plan Benefits

100% OF YOUR CALLS & CLAIMS ARE PROUDLY ADMINISTERED IN THE USA

Benefit	Frequency Once every -	In-network Copay	In-network Coverage
Eye Examination	12 months	\$0	Covered in full. <i>Includes dilation when professionally indicated.</i>
Spectacle Lenses	12 months	\$0	Clear plastic lenses in any single vision, bifocal, trifocal or lenticular prescription. Covered in full. (See below for additional lens options and coatings.)
Frame	12 months	\$0	Covered in Full Frames: Any Fashion, Designer or Premier level frame from Vision's Collection ¹ (retail value, up to \$195). OR, Frame Allowance: \$125 toward plus any frame from provider plus 20% off any balance. No copay required.
Contact Lens Evaluation, Fitting & Follow Up Care	12 months	\$0	Collection Contacts: Covered in full. Standard, Soft Contacts: 15% discount Specialty Contacts⁴: 15% discount
Contact Lenses (in lieu of eyeglasses)	12 months	\$0	Covered in Full Contacts: From Collection ¹ , up to: Planned Replacement Two boxes/multi-packs* Disposable Four boxes/multi-packs* OR, Contact Lens Allowance: \$105 allowance toward any contacts from provider's supply plus 15% off balance. No copay required. OR, Visually Required Contacts: Covered in full with prior approval. <i>*Number of contact lens boxes may vary based on manufacturer's packaging.</i>
VDT Eyeglasses (Members Only)	12 months	\$0	Covered in Full Safety Frames: Any Fashion or Designer level frame from Collection ¹ . OR, Frame Allowance: \$30 toward any frame from provider plus 20% off any balance. No copay required.

Significant savings on optional frames, lens types and coatings!

	Dress	Member Price	VDT (Member only)
Collection Frames: Fashion Designer Premier	\$0 \$0 \$0		\$0 \$15 \$35
Tinting of Plastic Lenses	\$0		\$0
Scratch-Resistant Coating.....	\$0		\$20
Premium Scratch-Resistant Coating	\$30		\$30
Ultraviolet Coating	\$0		\$12
Anti-Reflective Coating: Standard Premium Ultra Ultimate	\$35 \$48 \$60 \$85		\$35 \$48 \$60 \$85
Polycarbonate Lenses	\$0		\$0 ² \$30
High-Index Lenses: 1.67 1.74	\$55 \$120		\$55 \$120
Progressive Lenses: Standard Premium Ultra Ultimate	\$0 \$40 \$90 \$125		\$50 \$90 \$140 \$175
Polarized Lenses	\$75		\$75
Photochromic Lenses (i.e. Transitions®, etc.) ³ Plastic Glass	\$65 \$0		\$65 \$20
Digital Single Vision Lenses	\$0		\$0
Blended Lenses.....	\$0		\$20
Scratch Protection Plan: Single Vision Multifocal Lenses	\$20 \$40		N/A
Trivex Lenses	\$50		\$50
Blue Light Filtering.....	\$15		\$15
Additional Savings!			
Retinal Imaging.....	\$39		

¹ The Collection is available at most participating independent provider locations. Collection is subject to change. Collection is inclusive of select toric and multifocal contacts.

² For dependent children, monocular patients and patients with prescriptions of +/- 6.00 diopters or greater.

³ Transitions® is a registered trademark of Transitions Optical Inc.

⁴ Including, but not limited to toric, multifocal and gas permeable contact lenses.

Please note: Your provider reserves the right to not dispense materials until all applicable member costs, fees and copayments have been collected. Contact lenses: Routine eye examinations do not include professional services for contact lens evaluations. Any applicable fees above the evaluation and fitting allowance are the responsibility of the member. If contact lenses are selected and fitted, they may not be exchanged for eyeglasses. Progressive lenses: If you are unable to adapt to progressive addition lenses you have purchased, conventional bifocals will be supplied at no additional cost; however, your copayment is nonrefundable. May not be combined with other discounts or offers. Please be advised these lens options and copayments apply to in-network benefits.

Frequently Asked Questions

How can I contact Member Services?

Call _____ for automated help 24/7.
(TTY services: _____)

What frames are in _____ Collection?

Our Collection offers a great selection of fashionable and designer frames, most of which are covered in full. No wonder 8 out of 10 members select a Collection frame. Log on to our member Web site at _____ and take a look!

When will I receive my eyewear?

Your eyewear will be delivered to your network provider generally within five business days of order receipt. Special prescriptions, lens coatings, provider frames or out-of-stock frames may delay the standard turnaround time.

Do I need a claim form?

Claim forms are only required if you visit an out-of-network provider. Claim forms are available on our member Web site.

Can I split my benefits?

You may split your benefits by receiving your eye examination and eyeglasses or contact lenses on different dates or through different provider locations. To maximize your benefit value we recommend that all services be obtained from a network provider.

Can I use an out-of-network provider?

Yes; however, you receive the greatest value by staying in-network. If you go out-of-network, pay the provider at the time of service, then submit a claim to _____ for reimbursement, up to the following amounts: eye exam and materials - The first \$25 of covered expenses are paid in full, then 80% of the remaining covered expenses will be paid, up to a maximum of \$150 per person per benefit cycle (annual - based on date of service). All services must be submitted within 12 months of date of service for all out-of-network services (dress pair only).

Are there any exclusions to the vision benefits?

Your vision plan does not cover medical treatment of eye disease or injury; vision therapy; special lens designs or coatings, other than those described herein; replacement of lost eyewear; non-prescription (plano) lenses; contact lenses and eyeglasses in the same benefit cycle; services not performed by licensed personnel; two pair of eyeglasses in lieu of bifocals.

EXTRAS!

One Year Breakage Warranty Repair or replacement of your plan covered spectacle lenses, Collection frame or frame from a network retail location where the Collection is not displayed.

Additional Savings Members will receive 50% off of additional complete pairs of eyeglasses and sunglasses at Visionworks and 30% off at other participating providers on the same transaction. Otherwise, a 20% discount off the provider's usual and customary rate is available. Contact lenses are available at a 10% discount.

Laser Vision Correction _____ provides you and your eligible dependents with the opportunity to receive discounted laser vision correction, often referred to as LASIK. For more information, visit _____

Low Vision Services Comprehensive low vision evaluation once every five years and low vision aids up to the plan maximum. Covers up to four follow-up visits in five years.

Eye Health & Wellness Log on and learn more about your eyes, health and wellness; common eye conditions that can impair vision; and what you can do to ensure healthy eyes and a healthier life.

For more details... about your vision benefits, patient rights and responsibilities, or more information about _____ please log on to our member Web site or contact us at _____

_____ has made every effort to correctly summarize your vision plan features herein. In the event of a conflict between this information and your organization's contract with _____ the terms of the contract will prevail.