



**T**he Group Vision Care Plans provide high quality eye care services from NCQA-certified participating providers. Plans ensure low out-of-pocket cost with the broadest array of paid-in-full options and complete freedom of choice in eyewear.

Vision benefits are accessed through a participating provider and include a comprehensive eye examination, frames and lenses, or contact lenses. Your group may customize the length of your benefit period as well as select from one of two available frame collections and may choose to offer an enhanced lens package. Additional options are available as well.

### Group Vision Care benefits

A participant may receive a complete eye examination that includes glaucoma testing and dilation when professionally indicated (one per benefit cycle).

Members can apply their allowance to any frame of their choice or choose a frame from the Davis Vision Exclusive Collection. (One pair of eyeglasses/lenses and frames per benefit cycle.)

This dual choice model also applies to contact lenses, and benefits include materials, evaluation, fitting, and follow-up care. Members can apply their allowance toward any type of contact lenses or select from the Davis Vision Contact Lens Collection.

The Davis Vision program offers a quality, end-to-end vision benefit experience with the unique ability to offer pricing control on optional items. This is done to provide members with a value to the overall benefit.

### Additional value-added features include:

- LENS 123: An exclusive mail order contact lens replacement program
- Discount on laser vision correction.
- 50% discount on a second pair of eyeglasses or sunglasses at all Visionworks stores.
- The basic lens package includes plastic or glass, oversize, single vision, bifocal, trifocal, lenticular, polycarbonate for children, fashion tint, or prescription sunglasses.
- An enhanced paid-in-full lens package is also available and includes ultraviolet coating, standard progressive addition lenses, blended invisible bifocals, scratch resistant coating, glass photosensitive lenses, and intermediate vision lenses.
- Lens options not covered by your plan (e.g., high index lenses, ultraviolet coating, premium or ultra progressive addition, etc.) are available at a fixed co-payment when purchased through a participating provider.
- Contact lens users may utilize the plan-specified allowance toward any contact lenses on the market. In lieu of the elective allowance, contact lens wearers utilizing services at participating independent provider offices and retail locations will have access to Davis Vision's Contact Lens Collection. The contact lenses available in this collection will all be covered in full.

# Vision Care Plans

-- The Contact Lens Collection offers a wide selection of contact lenses, including many of the most popular disposable or planned replacement lenses on the market today, to members at no cost. Your supply of lenses was recently doubled per benefit period.

-- Indemnity (out-of-network) reimbursements are made directly to the participant for services purchased from a non-participating provider.

-- The plan is available with guaranteed monthly rates or on a fee-for-service (self-insured) basis.

-- Free one-year breakage warranty is offered on all plan-supplied frames and lenses from participating providers.

-- All plan-supplied frames and lenses from participating providers have a 100 percent satisfaction guarantee.

-- You may request a Group Vision Care Plan booklet from Member Benefits for further information.

## Union members serving union members

Davis Vision laboratory, shipping and customer service associates are union members. They are the largest employer in the United Optical Workers Union Local #408, AFL-CIO. All lens materials are manufactured domestically.

Group Vision Care benefits are subject to COBRA regulations. The COBRA notification requirements must be handled by the group plan purchaser.

## True Group Vision Plan Costs

All rates listed on this page are guaranteed through June 30, 2021.

The following "true" group plan rates are based on the assumption that the purchaser pays the individual/family rates for 100 percent participation of the entire group. Dependents are covered to age 26 under the Employee and Family enrollment.

### Annual Benefit Cycle (Monthly Premiums)

Plan Designs	Designer	Designer Gold	Premier	Premier Platinum
Employee Only	\$5.56	\$6.61	\$6.04	\$7.11
Employee + Family	\$14.49	\$17.21	\$16.34	\$18.69

### Biennial Benefit Cycle (Monthly Premiums)

Plan Designs	Designer	Designer Gold	Premier	Premier Platinum
Employee Only	\$4.74	\$5.65	\$5.18	\$6.05
Employee + Family	\$12.37	\$15.01	\$14.19	\$16.41

These rates are effective for new plans that started on or after July 1, 2019.

## Group Voluntary Vision

If your local association is not able to enroll 100% of the entire group in a “true” group vision care plan, the following rates in the chart below will be available.

A minimum participation level will be set for your group depending upon size. A minimum of 20 percent of the group’s members must choose to enroll in the group voluntary vision plan each year that the plan is offered.

Please contact NYSUT Member Benefits at **800-626-8101** if you are interested in a voluntary group program for vision care. Premiums for voluntary group vision may come from an employer, a benefit fund or from NYSUT members themselves.

The following rates may be used to set up a voluntary plan; the purchaser of the plan must provide enrollment services, pre-tax deductions and administer COBRA notification requirements. We are offering the Premier Platinum Plan for this group voluntary vision option, and dependents are covered to age 26 under the Employee + Family enrollment.

	Annual Benefit Cycle (Monthly Premiums)
Plan Designs	Premier Platinum
Employee Only	\$10.82
Employee + Family	\$28.84

The rates are effective for new plans that start on or after July 1, 2019, and are guaranteed through June 30, 2021.

## How to obtain a group quote

To obtain pricing for your Group Vision Care Plan, provide the number of participants for individual coverage and the number of participants for family coverage.

For further information, please contact Member Benefits at **800-626-8101**.

E	1	20/200
F P	2	20/100
T O Z	3	20/70
L P E D	4	20/50
P E C F D	5	20/40
E D F C Z P	6	20/30
F E L O P Z D	7	20/25
D E F P O T E C	8	20/20
L E F O D P C T	9	
F D P L T C E O	10	
P E Z O L C F T D	11	

The Group Vision Care Plan is provided and administered by Davis Vision.

The Davis Vision Group Vision Plan is a NYSUT Member Benefits Trust (Member Benefits)-endorsed program. Member Benefits self-insures the risk for groups with guaranteed rate contracts, meaning total premiums collected and claims paid are pooled annually. At the end of the plan year, any surplus funds revert to Member Benefits; if a deficit exists, Member Benefits is responsible for covering the loss. For the last 10-year period, a surplus equaling approximately 14.38% of paid premiums has resulted. For self-insured group vision plans, Member Benefits has an endorsement arrangement of \$.07 per enrolled participant per month. All such payments to Member Benefits are used solely to defray the costs of administering its various programs and, where appropriate, to enhance them. The insured group vision plans pool the premiums of Member Benefits participants who are insured for the purposes of determining premium rates and accounting. Coverage outside of this plan may have rates and terms that are not the same as those obtainable through Member Benefits. The Insurer or Member Benefits may hold premium reserves that may be used to offset rate increases and/or fund such other expenses related to the plan as determined appropriate by Member Benefits. Member Benefits acts as your advocate; please contact Member Benefits at 800-626-8101 if you experience a problem with any endorsed program.