



Vision Plan Details

Effective: 2021 (Version Updated: 09/13/2021)

Plan Name: Vision Gold Plan	Package Id: Vision Gold Plan - E1 (VAI)	
Rating Region: Western NY		
Rate		
For the Benefits described in the Agreement, the Plan will charge and Group will pay the following monthly premium rates:		
- 4 Tier - Employee	\$6.04	Please check the box which indicates the plan duration (premium rates will remain the same during the plan duration.) <input type="checkbox"/> 3 year plan / rate (2021 effective dates) <input type="checkbox"/> 2 year plan / rate (2022 effective dates) <input type="checkbox"/> 1 year plan / rate
- 4 Tier - Employee + Spouse	\$10.89	
- 4 Tier - Employee + Child/Children	\$11.49	
- 4 Tier - Employee + Family	\$18.15	
By signing this rate quote, the employer group agrees to the following:		
The rates quoted herein are currently filed and approved by the NY Department of Financial Services for policies starting on or before December 31, 2023.		
The Sales Representative providing this quote is a New York State licensed insurance producer employed by Excellus Health Plan. The individual represents Excellus Health Plan in this transaction and will be compensated by Excellus Health Plan in part based on this sale. The amount of compensation is based on a number of factors, including the contract selected and the volume of sales. You may request information about the expected compensation from your Sales Representative.		
This is not a contract. It is intended to highlight the coverage of this program. Benefits are determined by the terms of the contract.		

Signature: _____
 Title: _____
 Date: _____
Group Name: _____
 Total Employees: _____
 Total Eligible: _____
Coverage Effective Date: _____
Broker: _____

Vision Gold Plan

Plan Overview	
Plan Name	Vision Gold Plan
Funding Type	Fully Insured - Employer Sponsored
Once every calendar year	Eye exam: Once every calendar year Spectacle Lenses OR contact lenses: Once every calendar year Frames: Once every calendar year Contact lens evaluation: Once every calendar year Contact lenses benefits are in lieu of eyeglasses
Package Id	
Package Id	Vision Gold Plan - E1 (VAI)
Plan Highlights & Dependent Coverage	
Plan Highlights & Dependent Coverage	Plan includes coverage for domestic partner. Plan includes coverage for dependents up to age 26. Plan includes a variety of value-add discounts*, including but not limited to discounts on: Contact lens evaluations, LASIK, progressive lenses, scratch-resistant coating, anti-reflective coating, high-index lenses, etc. Please see plan brochure for more details.
In Network Benefits	
In Network Benefits	In Network benefits are offered through the Davis Vision provider network.
Eye Exam	
- Eye Exam Copay	\$10 Copay
Eyeglasses** (in lieu of contact lenses)	
Lenses (Single, bifocal, trifocal, lenticular)	\$25 Copay
Frames: Choice of Collection frame or Frame allowance	
Collection frames***:	
- Fashion frame	Covered in Full
- Designer frame	Covered in Full
- Premier frame	Covered in Full
Frame allowance:	
- Visionworks	Allowance up to \$200
- Other participating retailers	Allowance up to \$150
Contact lenses** (in lieu of eyeglasses)	
Contact lenses: Choice of Collection contact lenses or Contact lens allowance	
Collection Contact Lenses***:	
- Disposable	8 boxes - Disposable
- Planned replacement	4 boxes - Planned replacement
- Evaluation, Fitting, & Follow up Care	\$25 Copay

Vision Gold Plan

Contact Lens Allowance:

- Allowance: Allowance up to \$150

- Evaluation, Fitting, & Follow up Care - Standard lenses \$25 Copay

- Evaluation, Fitting, & Follow up Care - Specialty lenses Allowance up to \$60

Medically Necessary Contact Lenses**:**

- Prescription contact lenses Covered in full

- Evaluation, Fitting, & Follow up Care Covered in full

Out of Network Benefits

Out of Network Benefits
 Eye Exam: \$30 allowance
 Single vision lenses: \$25 allowance
 Bifocal lenses: \$35 allowance
 Trifocal lenses: \$45 allowance
 Lenticular lenses: \$60 allowance
 Frame allowance (non-collection): \$30 allowance
 Contact lens allowance (non-collection): \$75 allowance
 Medically necessary contact lenses & evaluation, fitting, & follow up: \$225 allowance

*Discounts are not insurance. Discounts are subject to change without notice. Not all providers participate in Davis Vision Discounts, including the fixed lens option pricing. Members should contact their provider prior to scheduling an appointment to confirm if he/she offers the discount and fixed lens option pricing. Simply Vision Silver and Simply Vision Gold may include some lens options as an insured benefit. See contract for full details. Polycarbonate lenses are covered for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.

**Eyeglasses are available in lieu of Contact Lenses. Contact lenses are available in lieu of Eyeglasses.

***Collection is available at most participating independent provider offices. Collection is subject to change. Participating retail providers typically do not display the Collection, but are contractually required to maintain a comparable selection (in both quantity and quality) of frames that would be covered, with no additional member out-of-pocket expense. Collection is subject to change.

****Services will be deemed Medically Necessary only if:

- i.They are clinically appropriate in terms of type, frequency, extent, site, and duration, and considered effective for Your illness, injury, or disease;
- ii.They are required for the direct care and treatment or management of that condition;
- iii.Your condition would be adversely affected if the services were not provided;
- iv.They are provided in accordance with generally accepted standards of vision practice;
- v.They are not primarily for the convenience of You, Your family, or Your Provider;
- vi.They are not more costly than an alternative service or sequence of services, that is at least as likely to produce equivalent therapeutic or diagnostic results;
- vii.When setting or place of service is part of the review, services that can be safely provided to You in a lower cost setting will not be Medically Necessary if they are performed in a higher cost setting.

This document is not a contract. It is only intended to highlight the coverage of this program. Benefits are determined by the terms of the contract. Any inconsistencies between this document and the contract shall be resolved in favor of the contract in effect at the time services are rendered. All benefits are subject to medical necessity. All day and visit limits are combined limits for both in and out of network benefits.

Davis Vision is an independent company providing vision benefit management services and access to their network.