



**Vision Plan Details**

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

<b>Plan Name:</b> Vision Value Plan	<b>Package Id:</b> Vision Value Plan - E1 (VAA)	
<b>Rating Region:</b> Western NY		
<b>Rate</b>		
For the Benefits described in the Agreement, the Plan will charge and Group will pay the following monthly premium rates:		
- 4 Tier - Employee	\$3.28	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	\$5.90	
- 4 Tier - Employee + Child/Children	\$6.23	
- 4 Tier - Employee + Family	\$9.84	
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 Value Plan**

<b>Plan Overview</b>	
Plan Name	Vision Value 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
<b>Package Id</b>	
Package Id	Vision Value Plan - E1 (VAA)
<b>Plan Highlights &amp; Dependent Coverage</b>	
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.
<b>In Network Benefits</b>	
In Network Benefits	In Network benefits are offered through the Davis Vision provider network.
<b>Eye Exam</b>	
- Eye Exam Copay	\$10 Copay
<b>Eyeglasses** (in lieu of contact lenses)</b>	
Lenses (Single, bifocal, trifocal, lenticular)	\$25 Copay
<b>Frames: Choice of Collection frame or Frame allowance</b>	
<b>Collection frames***:</b>	
- Fashion frame	Covered in Full
- Designer frame	\$15 Copay
- Premier frame	\$40 Copay
<b>Frame allowance:</b>	
- Visionworks	Allowance up to \$150
- Other participating retailers	Allowance up to \$100
<b>Contact lenses** (in lieu of eyeglasses)</b>	
<b>Contact lenses: Choice of Collection contact lenses or Contact lens allowance</b>	
<b>Collection Contact Lenses***:</b>	
- Disposable	Not covered
- Planned replacement	Not covered
- Evaluation, Fitting, & Follow up Care	Not Covered

**Vision Value Plan**

**Contact Lens Allowance:**

- Allowance: Allowance up to \$100

- Evaluation, Fitting, & Follow up Care - Standard lenses: Not covered

- Evaluation, Fitting, & Follow up Care - Specialty lenses: Not covered

**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.