

# fulfilling life

**for CAYUGA-ONONDAGA BOCES**

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Eye Care Proposal

Presented By  
ENV INSURANCE AGENCY LLC

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Ameritas Life Insurance Corp. of New York



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Based on the information provided to us, we've prepared this proposal to meet the needs of CAYUGA-ONONDAGA BOCES and its people. Every benefits solution we offer -- from fully insured coverage to administrative service arrangements -- represents **our promise** to provide products that help protect the health of your employees and serve your organization. If any of your information or needs change, we will be happy to provide an updated proposal.

## Eye Exam, Lenses, Frames, Frequencies

Proposed Effective Date: 1/1/2020

	Plan 1: Focus®		Plan 1: ViewPointe® Plan H	
	VSP Choice Network + Affiliates	Out of Network	EyeMed Access Network	Out of Network
<b>Annual Eye Exam</b>	Covered in full	Up to \$45	Covered in full	Up to \$35
<b>Lenses (per pair)</b>				
<b>Single Vision</b>	Covered in full	Up to \$30	Covered in full	Up to \$25
<b>Bifocal</b>	Covered in full	Up to \$50	Covered in full	Up to \$40
<b>Trifocal</b>	Covered in full	Up to \$65	Covered in full	Up to \$55
<b>Lenticular</b>	Covered in full	Up to \$100	20% discount	No benefit
<b>Progressive</b>	See lens options	NA	See lens options	NA
<b>Frame Allowance</b>	\$150**	Up to \$75	\$150	Up to \$75
<b>Frequencies</b>				
<b>Exam/Lens/Frames</b>	12/12/24	12/12/24	12/12/24	12/12/24
	Based on date of service	Based on date of service	Based on date of service	Based on date of service

\*\*The Costco allowance will be the wholesale equivalent.

## Deductible, Maximum

	Plan 1: Focus®	Plan 1: ViewPointe® Plan H
<b>Deductibles</b>	\$0 Exam \$0 Eye Glass Lenses or Frames*	\$0 Exam \$0 Eye Glass Lenses or Frames
<b>Maximum Calendar Year</b>	None	None

\*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

## Contact Lenses

	Plan 1: Focus®	Plan 1: ViewPointe® Plan H
<b>Fit &amp; Follow Up Exams</b>	Member cost up to \$60	No benefit
<b>Contacts</b>		
<b>Elective</b>	Up to \$150	Up to \$120
<b>Medically Necessary</b>	Covered in full	Up to \$210

## Monthly Rates

	Plan 1: Focus®	Plan 1: ViewPointe® Plan H
<b>Employee (EE)</b>	\$8.36	\$8.36
<b>EE + Family</b>	\$19.92	\$19.92

Rates are guaranteed for 24 months following the effective date listed above.

Rates include: home address mailing.

**PLEASE NOTE: Rates assume enrollment in our electronic certificate (eCert) program. If you choose to receive paper certificates, monthly rates will increase.**

## Employee Participation Requirements

**Eligible Employees: 198**

	Plan 1: Focus®	Plan 1: ViewPointe® Plan H
	Minimum 3 lives between the two plans Voluntary	Minimum 3 lives between the two plans Voluntary

## Lens Options (member cost)\*

	Plan 1: Focus®		Plan 1: ViewPointe® Plan H	
	VSP Choice Network + Affiliates (Other than Costco)	Out of Network	EyeMed Access Network	Out of Network
<b>Progressive Lenses</b>	Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Bifocal allowance.	Standard: \$65 + lens deductible Premium: lens cost - 20% discount - \$120 allowance + Standard Progressive cost	No benefit
<b>Std. Polycarbonate</b>	Covered in full for dependent children \$33 adults	No benefit	\$40	No benefit
<b>Scratch Resistant Coating</b>	\$17-\$33	No benefit	\$15	No benefit
<b>Anti-Reflective Coating</b>	\$43-\$85	No benefit	\$45	No benefit
<b>Ultraviolet Coating</b>	\$16	No benefit	\$15	No benefit
<b>LASIK or PRK</b>	NA	NA	Average discount of 15% off retail price or 5% off promotional price at US Laser Network participating providers.	No benefit

\*Lens Option member costs vary by prescription, option chosen and retail locations.

## Additional Focus® Choice Network Features (In Network)

<b>Contact Lenses Elective</b>	Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3 or 6 month supply). Applies when contacts are chosen in lieu of glasses. For plans without a separate contact fitting & evaluation (which includes follow up contact lens exams), the cost of the fitting and evaluation is deducted from the allowance.
<b>Lens Options (Member Cost)*</b>	\$15 - Solid Plastic Dye (Except Pink I & II) \$17 - Plastic Gradient Dye \$31-\$82 - Photochromatic Lenses (Glass & Plastic) Lens Option member cost vary by prescription and option chosen.
<b>Additional Glasses</b>	20% off additional complete pairs of prescription glasses and/or prescription sunglasses.*
<b>Frame Discount</b>	VSP offers 20% off any amount above the retail allowance.*
<b>Laser VisionCare<sup>SM</sup></b>	VSP offers an average discount of 15% off or 5% off a promotional offer for LASIK Custom LASIK and PRK. The maximum out-of-pocket per eye for members is \$1,800 for LASIK and \$2,300 for custom LASIK using Wavefront technology, and \$1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.
<b>Low Vision</b>	With prior authorization, 75% of approved amount (up to \$1,000 is covered every two years).

Based on applicable laws, reduced costs may vary by doctor location.

## Additional ViewPointe® Features (In Network)

<b>Discounts</b>	15% discount on the remaining balance in excess of the conventional contact lens allowance. 20% discount on the remaining balance in excess of the frame allowance. 20% discount on items not covered by the plan at network providers, which may not be combined with any other discounts or promotional offers. This discount does not apply to EyeMed Provider's professional services, or contact lenses.
<b>Lens Options (Member Cost)</b>	\$15 - Tint (Solid & Gradient).
<b>Secondary Purchase Plan</b>	Members receive a 40% discount on a complete pair of glasses once the funded benefit has been exhausted. Members receive a 15% discount off the retail price on conventional contact lenses once the funded benefit has been exhausted. Discount applies to materials only.
<b>Contact Lens Replacement by Mail Program</b>	After exhausting the contact lens benefit, replacement lenses may be obtained at significant discounts online. Visit <a href="http://EyeMedvisioncare.com">EyeMedvisioncare.com</a> for details.

## Ameritas of New York Focus® Eye Care

Focus eye care plans from Ameritas of New York will help your employees receive and pay for the eye care they need. Our Focus plans emphasize eye health and preventive care, and features experienced, independent private-practice VSP eye doctors.

### The Ameritas of New York Partners with VSP® Vision Care

Since the mid-1980s, Ameritas of New York and VSP have shared a strong business alliance based on similar philosophies: a commitment to excellent service. For Focus plans, Ameritas of New York provides expertise in actuarial, underwriting, policy and certificate issue, and plan administration including eligibility and billing/collecting. VSP provides a network of exceptional eye care doctors, in addition to claims processing and customer service to Focus plan members.

### VSP's Philosophy is One-Stop Care

Each doctor in VSP's network provides exam and eyewear services, so there's no need for Focus plan members to have a comprehensive exam in one location and then travel to another for their lenses and frames. VSP's statistics indicate most of the U.S. population lives within 4 miles of a VSP doctor.

### Focus Plan Members Use The VSP Choice Network

Policyholders can select the VSP Choice Network, offering 29,000 doctors and 50,000 access points, plus reduced rates. Members will still save out-of-pocket for typical eye care services, including an average savings of 20-25% on lens options.

### Member Choice

As with every Ameritas of New York plan, members may visit any eye doctor. When Focus plan members see non-VSP providers, benefits are reimbursed according to the plan schedule.

### No Claim Forms

Making an appointment and receiving claims payment through VSP will be easy for your employees. There is no paperwork or claim to file. Focus plan members simply make an appointment with a VSP doctor, state that they have coverage in a VSP network, and visit the doctor. VSP handles the rest.

### Service And Satisfaction

#### *A Recent Summary of Performance Results from VSP:*

Member Satisfaction with Plan	99% (good/very good/excellent)
Ease of Doing Business with VSP	99% (good/very good/excellent)
Claims Financial Accuracy	100%
Claims Processing Accuracy	100%
Call Center Average Speed of Answer	14 Seconds
Call Center Telephone Inquiry Response	99.5% (same day response)
Call Abandonment Rate	1.4%

## Ameritas of New York ViewPointe® Eye Care

ViewPointe eye care plans from Ameritas of New York will help your employees receive and pay for the eye care they need. Our ViewPointe plans emphasize quality care and convenient service that fits in with your employees' busy lifestyles, by featuring the money-saving eye care provider network of EyeMed Vision Care.

## The Ameritas of New York/EyeMed Partnership

Ameritas of New York selected EyeMed Vision Care as an eye care partner in 2003 to bring additional eye care plan choices to our customers. We chose EyeMed because of their commitment to delivering quality, choice, value and service excellence. EyeMed's mission is "To serve and inspire with excellence." Ameritas of New York provides expertise in actuarial, underwriting, policy and certificate issue, and plan administration including eligibility and billing/collecting. EyeMed provides claims processing and plan member customer service, as well as access to the EyeMed Access network, to ViewPointe eye care plan members.

## ViewPointe Plan Members Use The EyeMed Network

ViewPointe plans are designed to serve your busy employees through a network that emphasizes convenient locations, expanded hours and same-day service. ViewPointe plan members have access to over 60,000 EyeMed providers nationwide at over 25,000 locations, with a choice between independent and retail providers located at one of their many chains. EyeMed's network of optical chains includes LensCrafters®, Target® Optical, Shopko®, and most Pearle Vision® and Sears® Optical locations. Retail chain advantages can include same-day service, evening and weekend hours, walk-in appointments, and specific guarantees on eyeglasses.

As with every Ameritas of New York plan, members may visit any eye doctor. When ViewPointe plan members see non-EyeMed doctors, benefits are reimbursed according to the plan schedule.

## Service And Satisfaction

### A Recent Summary of Performance Results from EyeMed:

Claims Processing Financial Accuracy	99.9%
Claims Processing Financial Processing	99.6%
Call Center Average speed of answer	20 seconds
Call Center call abandonment rate	2.0%

## Rx Savings - Extra value for Ameritas of New York plan members

- It's no secret that prescription medications can be one of the biggest - and most important - health care expenditures a person, family or organization faces. Not to mention, when a person requires long-term maintenance medications, it can become a serious budgeting issue.
- Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.
- If your organization offers its associates health care pharmacy benefits, this no-cost Rx discount could save significant dollars. Participating pharmacies will give Ameritas of New York plan members their normal health care pharmacy benefit, or the Rx discount, whichever saves more.
- Members can receive up to 65% savings on generic prescriptions, and overall average savings of 40% across brand name and generic prescription combined.
- To receive the Rx discount, Ameritas of New York plan members just need to visit us at [ameritas.com](http://ameritas.com) and sign into (or create) a secure member account. That's where they can access and print an online-only Rx discount savings ID card.
- Also, when choosing eServices, your benefits administrator will have access to the online-only Rx discount savings ID card to assist members without Internet access.

## Dual Choice Eye Care Plans

Dual Choice Plans let you offer your employees a choice between two plans in one policy. Your employees select the plan that best suits their coverage and financial needs.

- On the January 1, 2020, effective date, all eligible employees must choose between the two plans shown or choose to waive coverage. The employee must remain in the plan he or she chose until the next renewal date. At each annual election period, employees may switch between plans without penalty.

## Retail Chain Affiliate Providers Available With Focus Plans

Effective January 1, 2012, retail chain affiliate providers, which include Costco® Optical and Visionworks, give members added convenience and additional retail choices. Costco Optical has 400 locations across the country, while Visionworks manages nearly 400 optical stores in 37 states and DC, including well-known stores such as EyeMasters, Visionworks, Dr. Bizer's VisionWorld, Eye DRx, and Hour Eyes, to name a few. Members enjoy a covered-in-full benefit experience with equivalent frame benefit at any of these retail chain locations.

## Worldwide Support

When our members travel abroad, they'll have peace of mind knowing that should a dental or vision need arise, help is just a phone call away. Through AXA Assistance, Ameritas of New York offers its dental and vision plan members 24-hour access to dental or vision provider referrals when traveling outside the U.S.

Immediately after a call is made to AXA, an assistance coordinator assesses the situation, provides credible provider referrals and can even assist with making the appointment. Within 48 hours following the appointment, the coordinator calls the member to find out if additional assistance is needed. If all is well, the case is closed. Then, the plan member may submit a claim to Ameritas of New York for reimbursement consideration based on applicable plan benefits. Contact AXA Assistance USA toll free by calling 866-662-2731, or call collect from anywhere in the world by dialing 1-312-935-3727.



- If you purchase group insurance through Ameritas of New York, your producer will receive compensation from Ameritas of New York. This compensation may include one or more of the following:
  - Commission or override commission based on customary or negotiated scales.
  - Additional compensation based on factors such as the volume of premium, cases or lives placed by your producer with Ameritas of New York, or persistency.
  - Fees for administrative or consulting services.

If you have any questions about the amount or type of compensation, please contact your producer.

- Some states require that producers be appointed with Ameritas Life Insurance Corp. of New York before any presentation or solicitation of this plan design.
- This proposal is not a contract or a certificate of insurance. It contains proposed rates and benefits that are based on preliminary enrollment data. Such rates and benefits are subject to adjustment if final enrollment varies from the preliminary data.
- The rates are based on Standard Industry Code 820013.
- This proposal is based on the assumption it will be sold in conjunction with a bona fide cafeteria plan regulated by Section 125 of the Internal Revenue code, and it must meet all of the Section 125 requirements. Ameritas Life Insurance Corp. of New York reserves the right to request a copy of the employer's Section 125 cafeteria plan. If you select Ameritas Life Insurance Corp. of New York's plan and implement it through a cafeteria approach regulated by Section 125, we will require that all eligible employees and dependents requesting benefits: (a) make annual selections, and (b) remain in the plan for a minimum of one year. Changes in these selections will not be allowed except for certain "life event" or family status changes such as marriage, birth, death or termination of employment.
- Benefits could be available for all full-time, active employees working at least 30 hours per week and dependents who have completed the designated waiting period.
- This proposal is being made as a result of information provided in the request for a proposal. It is intended for informational purposes and is not an offer to contract. If CAYUGA-ONONDAGA BOCES wishes to apply for group insurance based upon this proposal, CAYUGA-ONONDAGA BOCES may complete a Preliminary Application for Group Insurance. The Application will be subject to review and approval by the Home Office of the Company. If the Application is accepted, the final rates and benefits will be based on verification of this information and final enrollment.
- Ameritas of New York does not issue coverage to individuals residing in Europe.
- Dependent children are covered up to age 26 regardless of student status in the situs State of New York.
- The proposed dependent rates assume the average dependent content is below 4.0 children per Insured with dependent coverage. We reserve the right to increase the dependent rates as of the effective date if the average number of dependent children for each Insured with dependent coverage exceeds 4.0.
- This proposal assumes 0% of the benefit eligible employees are retirees. If this percentage changes, Ameritas Life Insurance Corp. of New York reserves the right to revise the rates retroactive to the effective date of the vision benefits to accommodate this change. (Plan(s): Focus Plan 1, ViewPointe Plan 1)
- No benefits are payable for a service which is not listed under the list of eye care services.
- This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.
- Employees electing coverage on the January 1, 2020, effective date must remain in the plan for the first 12 months. Employees will be allowed an election period on January 1, 2020. (Plan(s): Focus Plan 1)
- This proposal assumes a Section 125 plan year of January 1 to January 1. The first plan year will run January 1, 2020 through January 1, 2021. Subsequent plan years will be on a January 1 to January 1 basis to coincide with the Section 125 plan year. Please check with your tax advisor regarding the long plan year. (Plan(s): Focus Plan 1)

- Employees electing coverage on the January 1, 2020, effective date must remain in the plan for the first 12 months. Employees will be allowed an election period on January 1, 2020. (Plan(s): ViewPointe Plan 1)
- This proposal assumes a Section 125 plan year of January 1 to January 1. The first plan year will run January 1, 2020 through January 1, 2021. Subsequent plan years will be on a January 1 to January 1 basis to coincide with the Section 125 plan year. Please check with your tax advisor regarding the long plan year. (Plan(s): ViewPointe Plan 1)

### *This plan has the following limitation: (Plan Focus Plan 1)*

Some brands of spectacle frames may be unavailable at all locations for purchase as Covered Expenses, or may be subject to additional out-of-pocket expenses. Members may obtain details regarding frame brand availability from their treating provider or by calling VSP's Customer Care Division at (800) 877-7195.

### *This plan does not cover: (Plan Focus Plan 1)*

- More than one eye exam in the frequency as indicated on the plan summary page.
- More than one pair of lenses in the frequency as indicated on the plan summary page.
- More than one set of frames in the frequency as indicated on the plan summary page.
- Services and/or materials not specifically included in the Schedule as covered Plan Benefits.
- Plano lenses (lenses with refractive correction of less than plus or minus .50 diopter) except as specifically allowed in the frames benefit section of the Plan Benefits.
- Services or materials that are cosmetic, including Plano contact lenses to change eye color and artistically painted Contact Lenses.
- Two pairs of glasses in lieu of Bifocals.
- Replacement of Spectacle Lenses, Frames, and/or contact lenses furnished under this plan that are lost or damaged, except at the normal intervals when services are otherwise available.
- Orthoptics or vision training and any associated supplemental testing.
- Medical or surgical treatment of the eyes.
- Contact lens modification, polishing or cleaning.
- The refitting of Contact Lenses after the initial 90-day filing period.
- Contact Lens insurance policies or service contracts.
- Additional office visits associated with contact lens pathology.
- Local, state and/or federal taxes, except where law requires us to pay.
- Membership fees for any retail center in which an Affiliate or Open Access provider office may be located. Covered persons may be required to purchase a membership in such entities as a condition of accessing Plan Benefits.

*Covered Expenses will not include and no benefits will be payable for expenses incurred for:*

### **Limitations for Plan(s) ViewPointe Plan 1**

- vision examinations more than the frequency as indicated on the plan summary page.
- lenses more than the frequency as indicated on the plan summary page.
- frames more than the frequency as indicated on the plan summary page.
- contact lenses more than once in any twelve month period. When chosen, contact lenses shall be in lieu of any other lens benefit during the twelve month period. When eyeglass lenses are chosen, expenses for contact lenses are not Covered Expenses during the twelve month period.
- contacts limited to the amount shown on the plan summary page unless they are medically necessary. Contact lenses are defined as medically necessary if the individual is diagnosed with one of the following conditions:
  - keratoconus where the patient is not correctable to 20/30 in either or both eyes using standard spectacle lenses.
  - High Ametropia exceeding -10D or +10D in meridian powers.
  - anisometropia of 3 D or more.
  - patients whose vision can be corrected two (2) lines of improvement on the visual acuity chart when compared to best corrected standard spectacle lenses.If the member is diagnosed with a medically necessary condition, the Provider will submit a request for pre-authorization to EyeMed. The Medical Director reviews all requests for medically necessary contact lenses. If approved, the member will be covered for medically necessary contact lenses up to the plan allowance. Such payment is limited to once in any twelve month period and is in lieu of lens benefits under this proposal.
- orthoptics or eye care training and any associated testing.
- plano non-prescription lenses and non-prescription sunglasses (except for 20% discount).
- two pairs of glasses in lieu of bifocals. (Does not apply to Secondary Discounts).
- lenses and frames which are lost or broken, except at the normal intervals when services are otherwise available.
- medical and/or surgical treatment of the eye, eyes, or supporting structures.
- services for which a claim is filed more than 1 year after completion of the service.
- for any procedure not listed on the Schedule of Eye Care Services.