

# GSEU

***Graduate Student Employees Union***

And for enrolled dependents and COBRA enrollees with SEHP benefits

## **New York State Vision Plan 2007**

Information for New York State Employees represented by GSEU and for COBRA

enrollees and their families with GSEU vision care benefits

2007 New York State Department of Civil Service

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## Introduction

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The NYS Vision Plan provides you, your spouse or domestic partner and your covered dependents with eye care services and materials. The plan is administered by EyeMed Vision Care, a national leader in the vision care industry.

With EyeMed, quality care is easy to find. Enrollees have access to a nationwide network, including more than 1,800 providers across New York State. The network includes independent practice eye doctors as well as major optical retailers.



EyeMed verifies enrollee eligibility with the network provider, processes claims and reimburses the provider for in-network services or the enrollee for out-of-network services. EyeMed also operates a customer call center to support the plan and manages the nationwide network of vision providers.

### ***The Importance of Vision Care***

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Vision care is an important benefit, as regular eye exams help ensure visual and overall health. Comprehensive eye exams not only detect the need for vision correction, but can also reveal medical conditions such as diabetes or high blood pressure.

## How to Enroll

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Eligible student enrollees may enroll as follows:

1. Within 45 days of first becoming eligible for coverage
2. During an annual open enrollment period, which is set by SUNY each year, usually from mid-August through late September
3. Upon involuntary loss of other coverage
4. At any time, with a 30-day waiting period before coverage begins

For domestic students (U.S. citizens and permanent residents), enrollment is optional except at campuses where health insurance coverage is mandated by the campus (e.g. University at Buffalo). See below for further information on mandatory enrollment. Your agency Health benefits Administrator will give you benefit plan information. Your identification card(s) will be mailed to you after you have enrolled.

A student employee who does not enroll his/her dependents at the time of initial enrollment may do so within 30 days of one of the following “Qualifying Events”:

- Marriage
- Birth of a baby
- The employee becoming a child’s legal guardian, step-parent, or adoptive parent
- The arrival of an eligible dependent in the United States
- Completion of the six-month waiting period for attainment of domestic partnership status
- Involuntary loss of other coverage

**You are responsible for notifying your agency Health Benefits Administrator when you or your dependents are no longer eligible for coverage.**

### Mandatory enrollment of U.S. citizens and permanent residents at certain campuses

Domestic students at campuses where enrollment for health insurance coverage is mandated by the campus must enroll in the SEHP during the open enrollment or within 45 days of first becoming eligible, if they meet the eligibility requirements for an employer contribution and are not otherwise eligible to have the coverage requirement waived. **Failure either to obtain a health insurance waiver or to enroll in the SEHP in a timely manner may result in the employee's being automatically enrolled in the mandatory student health insurance program provided by the campus.** The cost of the coverage provided by the campus would be paid entirely by the student.

### No coverage during waiting period

Expenses incurred or services rendered during a waiting period will not be covered. Be sure to keep any other insurance you may have in effect, if possible, to cover expenses until your NYSHIP SEHP coverage becomes effective.

#### EFFECTIVE DATES FOR NEW ENROLLMENTS

Event	Effective Date
<b>New benefits-eligible appointment application received within 45 days of appointment</b>	Date the enrollment form is received in the SUNY Human Resources office, or the effective date of the appointment, whichever is later.  <b>Exceptions:</b> <ul style="list-style-type: none"> <li>• Employees on F1 Visas must have coverage as of their date of appointment.</li> <li>• Domestic students at campuses where health insurance enrollment is mandated by the campus must have coverage as of their date of appointment.</li> </ul>
<b>Annual Open Enrollment Period (45-day period determined by SUNY)</b>	Date the enrollment form is received in the SUNY Human Resources office, if received within the 45-day period
<b>Within 30 days of involuntary loss of other coverage</b>	Date the enrollment form is received in the SUNY Human Resources office
<b>All Others</b>	30 days after the enrollment form is received in the SUNY Human Resources office

#### EFFECTIVE DATES FOR ADDITION OF DEPENDENTS

Event	Effective Date
<b>Within 30 days of Qualifying Event</b>	Date of the event
<b>Within 30 days of involuntary loss of other coverage</b>	Date the enrollment form is received in the SUNY Human Resources office
<b>All Others</b>	30 days after the enrollment form is received in the SUNY Human Resources office

## Summer enrollment

Eligible student employees who are employed and enrolled in the spring semester and are expected to return in the subsequent fall semester will be eligible for an employer contribution during the intervening summer. The employee's department **must** verify that the employee is expected to return. Arrangements will be made to collect the employee portion of the NYSHIP SEHP contribution for the summer from the eligible employee prior to the end of the spring semester. Employees not enrolled during the spring semester may not enroll during the summer semester.

## Using Your Benefits

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The vision benefits described in this booklet are available to you, your spouse or domestic partner and covered dependents once every 24 months. Before receiving services, you can confirm eligibility by accessing your vision benefits on NYS online, [www.cs.state.ny.us](http://www.cs.state.ny.us), and clicking on the link to EyeMed, or by calling EyeMed's customer call center at 877-226-1412.

The NYS Vision Plan is easy to use; simply follow the steps below to receive services from a participating provider. These "in-network" or "participating" doctors have agreed to meet certain quality standards, and EyeMed monitors their ongoing performance to help ensure quality member care. The provider will file the claim on your behalf. You will only need to do the following:

1. **Locate a Provider:** You can locate providers by accessing your vision benefits on NYS online, [www.cs.state.ny.us](http://www.cs.state.ny.us), and clicking on the link to EyeMed, by referencing the provider listing included with your ID Card brochure or by calling EyeMed's customer call center at 877-226-1412.
2. **Schedule an Appointment:** Schedule an appointment with your selected provider and identify yourself as a member of the New York State Vision Plan.
3. **Obtain Services:** Present your EyeMed ID card at the time of service and the provider will take care of the rest. Your provider will verify eligibility, explain your benefit coverage and answer any questions you may have.

No benefits are available from providers who do not participate in the EyeMed network.

## Benefit Overview

The following provides an overview of the vision plan available to you.



### Graduate Student Employees Union

Vision Care Services	Member Cost	Out-of-Network Reimbursement
<b>Exam with Dilation as Necessary:</b>	\$10 Copay	N/A
<b>Contact Lens Fit and Follow-Up:</b>		
<b>Standard Contact Lens Fit and Follow-Up:</b> <sup>1</sup>	Paid-in-full fit and two follow-up visits	N/A
<b>Premium Contact Lens Fit and Follow-Up:</b> <sup>2</sup>	Full Retail	N/A
<b>Frames:</b> Any available frame at provider location	\$80 retail allowance	N/A
<b>Standard Plastic Lenses:</b>		
Single Vision	\$0	N/A
Bifocal	\$0	N/A
Trifocal	\$0	N/A
<b>Lens Options:</b>		
Glass	\$0	N/A
Standard Polycarbonate - under 19	\$0	N/A
Other Add-Ons and Services	Full Retail	N/A
<b>Contact Lenses</b> ( <i>Contact lens allowance covers materials only.</i> )		
Conventional	\$105 allowance	N/A
Disposable	\$105 allowance	N/A
<b>Frequency (based on date of service):</b>		
Examination	Once every 24 months	
Frame	Once every 24 months	
Lenses or Contact Lenses	Once every 24 months	

<sup>1</sup> Standard Contact Lens Fitting - spherical clear contact lenses in conventional wear and planned replacement (Examples include but not limited to disposable, frequent replacement, etc.)

<sup>2</sup> Premium Contact Lens Fitting - all lens designs, materials and specialty fittings other than Standard Contact Lenses (Examples include toric, multifocal, etc.)

#### Additional Discounts:

Discounts do not apply for benefits provided by other group benefit plans. Allowances are one-time use benefits; no remaining balance.

Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.

## Plan Features

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### ***Cataract Care***

If you or your covered dependent have cataract surgery and are enrolled in the New York State Health Insurance Program, additional benefits may be available under the Empire Plan or your HMO.

### ***Eyewear Purchase Period***

Members must purchase eyewear on the same date as the exam, if eyewear is needed. Otherwise, the eyewear benefit will not be available until the next exam date of service.

### ***Plan Limitations / Exclusions:***

- Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing
- Medical and/or surgical treatment of the eye, eyes, or supporting structures
- Services provided as a result of any Worker's Compensation law
- Benefit is not available on certain frame brands in which the manufacturer imposes a no discount policy
- Corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under the plan
- Plano non-prescription lenses and non-prescription sunglasses
- Service or materials provided by any other group benefit providing for vision care
- Two pairs of glasses in lieu of bifocals
- Aniseikonic lenses

## Eligibility Guidelines

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### Who is Eligible?

This section explains eligibility requirements for the NYSHIP SEHP coverage for you (the enrollee) and your dependents. You must be represented by the GSEU and enrolled for NYSHIP SEHP coverage to be eligible for benefits.

#### You, the enrollee

1. Graduate student employees eligible for an employer contribution under the NYSHIP SEHP are those who work at least one-half an assistantship and are employed at a stipend that would yield a total compensation of \$4,002 or more for the contract year July 1, 2005 through June 30, 2006.
2. Employees who work at least one-half an assistantship but are hired mid-year will be eligible if they earn a stipend that would yield a total compensation equal to \$4,002 or more when annualized from July 1, 2005 through June 30, 2006 contract year.
3. A graduate student employee (and his/her dependents) currently enrolled in NYSHIP's Empire Plan or a NYSHIP HMO as an employee of New York State, a Participating Employer or a Participating Agency is also eligible for coverage under the NYSHIP SEHP.

#### SUNY graduate student employee Visa holders

**SUNY J1 Visa holders are not eligible to enroll in SEHP.** They must enroll for coverage under the State University of New York Medical Insurance Program for International Students and Scholars subject to the coverage requirements of federal regulations.

**SUNY F1 Visa holders who meet the eligibility requirement for an employer contribution must enroll in the NYSHIP SEHP.** The State University may waive this requirement to enroll if the F1 Visa holder can show proof of other coverage that, in the State University's judgment, meets or exceeds the coverage provided by the NYSHIP SEHP.

#### Dependents

Dependents are also eligible, as follows:

- **Spouses or Domestic Partners**

Spouses, including those legally separated, are eligible. If you are divorced or your marriage has been annulled, your former spouse is not eligible, even if a court orders you to maintain coverage. However, an ex-spouse may be eligible to purchase a contract under [COBRA if a timely application is made](#).

You may also cover your same or opposite sex domestic partner as a dependent. A domestic partnership, for eligibility under the Vision Plan, is one in which you and your partner are 18 years of age or older, and unmarried at the time of application; not related in a way that would bar marriage; living together and financially interdependent for at least six months and that you presently satisfy the other eligibility criteria. Your agency Health Benefits Administrator (HBA) has complete information on eligibility, enrollment procedures, proof requirements and coverage dates.

- **Children Under Age 19**

Unmarried children under age 19 are eligible, including natural children, legally adopted children (including children in a waiting period prior to finalization of adoption), and dependent stepchildren. Other children who reside permanently in your household and who are chiefly dependent on you (more than 50%), and for whom you have assumed legal responsibility in place of the parent, are also eligible. Qualifying support and residence must have started prior to the age of 19. You must file a Statement of Dependence form with your HBA and be able to provide documentation.

- **Disabled child age 19 or over**

Your unmarried dependent children age 19 or over who are incapable of supporting themselves because of a mental or physical disability are eligible if the disability began before age 19. You must apply no more than 60 days after the child's 19th birthday. You must provide medical documentation.

#### Questions?

If you have any questions concerning eligibility, please contact the agency [Health Benefits Administrator](#) on your campus, usually in the Human Resources (Personnel) office.

## **Ending Coverage and COBRA Continuation**

### **When coverage ends**

Your coverage in NYSHIP SEHP will end 28 days after the last day of the last payroll period worked, even if your identification card has a different termination date. Do not use your card after coverage ends. It is insurance fraud for an enrollee or dependent to use the card to obtain services after eligibility for coverage ends.

### **COBRA: Continuation of Coverage**

If you wish to continue NYSHIP SEHP benefits after your employment-based eligibility ends, you and your covered dependents have the right to elect COBRA within 60 days of your last day of coverage. Employees receive a COBRA application automatically when employment ends. Dependents may enroll in COBRA by writing to the Employee Benefits Division.

### **Conversion Contracts**

If your employment with SUNY in a benefits-eligible position ends, or your dependent loses eligibility, you/your dependent will be entitled to direct-pay conversion contracts after NYSHIP coverage ends or after COBRA coverage in NYSHIP is exhausted. You do not need to provide evidence of insurability. The benefit package and premium costs for direct-pay conversion contracts will differ from what you have had under NYSHIP. Contact Empire BlueCross BlueShield and United HealthCare for information. You will have 90 days from the date NYSHIP coverage ends to apply for conversion coverage.

## Glossary of Terms

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<b>Term</b>	<b>Definition</b>
In-Network Benefits	Benefits obtained at an EyeMed participating vision provider.
Out-of-Network Benefits	Allowances reimbursed for services and materials obtained from vision providers who are not part of EyeMed's panel.
Optometrist, or OD	An eye doctor who has completed four years of post-graduate optometry school. Optometrists examine eyes and can prescribe corrective eyewear.
Ophthalmologist, or MD	A medical doctor who specializes in the eye. In addition to preventive eye care, ophthalmologists can prescribe medication for eye conditions and perform eye surgery.
Optician	Opticians sell and fit eyeglasses, sunglasses, and specialty eyewear. Opticians are not doctors but in most states must be licensed following specialized training.
Polycarbonate Lenses	Lenses made from a lightweight material 10 times more impact-resistant than other plastics. Recommended for children's eyewear and required in children's glasses in some states.
Progressive Lenses	Sometimes referred to as no-line bifocals, provide visual correction for distances and for up-close work.
Blended Segment Lenses	Blended lenses ( <u>progressive lenses</u> ) are lenses that are line-free. The power gradually changes from distance correction to intermediate vision, to near vision, moving invisibly from the top to the bottom of the lens.
High Index Lenses	Lenses made from newer plastic materials that bend light more than the traditional plastic lenses. This results in lighter, thinner lenses, especially for those with strong prescriptions.
Photocromatic Lenses	Lenses that changes from transparent to tinted when exposed to ultraviolet light.
Lenticular Lenses	Lenses that are designed to reduce the weight and thickness and are used primarily for post-cataract lenses. The power is in the center of the lens but the edge is a portion of plain glass, so it is easily mounted in a frame.
Conventional Contact Lenses	Traditional contact lenses worn for six months or longer.
Disposable Contact Lenses	Contact lenses that must be replaced within a certain period of time. Frequencies range from daily to monthly to quarterly.
Standard Contact Lens Fit and Follow-Up	Commonly used contact lens types defined as spherical clear contact lenses. These include disposable contact lenses, planned replacement lenses and others.
Premium Contact Lens Fit and Follow-Up	Contact lenses such as toric and multifocal lenses, which are not included in the standard contact lens selection.

## Who To Contact

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### **EyeMed Vision Care**

Please contact EyeMed Vision Care with any questions or if you wish to:

- Verify eligibility
- Obtain a list of participating providers
- Obtain an out-of-network claim form
- Obtain a Student Status Verification Form
- Check the status of an out-of-network claim
- Recommend a provider for participation on the EyeMed panel

<p><b>General Address:</b> EyeMed Vision Care 4000 Luxottica Place Mason, OH 45040-7111</p>
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**Telephone:** 877-226-1412

**Website:** <http://www.cs.state.ny.us>

### **Health Benefits Administrator**

Contact your agency Health Benefits Administrator is you wish to:

- Enroll in the Plan
- Notify the Plan of a change of address
- Add or remove a dependent
- If you, your spouse, domestic partner or a dependent loses eligibility for Vision Care coverage and would like to continue coverage under COBRA, or if you or your enrolled dependents have any questions regarding continuing coverage under COBRA

**Agency Health Benefits Administrator:**

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(fill in phone number)

or

#### **Employee Benefits Division**

NYS Department of Civil Service  
80 South Swan Street  
Albany, NY 12239

#### **Telephone:**

In the Capital District Area: 518-457-5754

Outside the Capital District Area: 800-833-4344

## STATE OF NEW YORK

### DEPENDENT STUDENT VERIFICATION FORM – VISION CARE

**DEPENDENT STUDENT:** An unmarried child, who is a full time student, will be covered through age 24. *(Dependent must be considered a full-time student by the school attended.)*

**TO BE COMPLETED FOR DEPENDENT STUDENTS AGES 19 THROUGH 24 WHO WILL BE USING THE PLAN.** Please return this form to EyeMed Vision Care via US postal mail, email, or fax at least 10 days before services will be requested.

I certify that my dependent, \_\_\_\_\_, \_\_\_\_\_,  
(PRINTED NAME) (DATE OF BIRTH)

is unmarried, and is enrolled full-time in an accredited secondary or preparatory school or college. I agree to advise EyeMed Vision Care promptly of any changes in my child's dependent student status.

Name of School: \_\_\_\_\_ Location: \_\_\_\_\_

Semester starts: \_\_\_\_\_ Semester ends: \_\_\_\_\_

\_\_\_\_\_  
Enrollee's Printed Name

\_\_\_\_\_  
Enrollee's Social Security Number

\_\_\_\_\_  
Enrollee's Signature

\_\_\_\_\_  
Date

Please return form to EyeMed Vision Care via one of the following methods:

1. Mail to: EyeMed Vision Care  
Attn: Membership  
4000 Luxottica Place  
Mason, OH 45040
2. Fax to the attention of "EyeMed Vision Care – Membership" at 513-492-3605.
3. Email Address: [Enroll@eyemedvisioncare.com](mailto:Enroll@eyemedvisioncare.com)

*Any person who knowingly and with the intent to defraud any company or other person files a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claims for each such violation.*