

VISION CARE BENEFIT

Who is Eligible

Orange County has established certain minimum eligibility requirements that must be met by all employees.

You must have been hired for an anticipated period of employment of at least three months

AND

You must work a regularly scheduled work week of 20 hours or more;

OR

You are a paid elected official.

Dependents

Your spouse, including a legally separated spouse, is 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. Your ex-spouse must be removed from your coverage as soon as the divorce is final.

Your unmarried children under the age of 19, including your natural children, stepchildren who permanently reside with you, and your legally adopted children are eligible.

Other children who reside permanently with you in your household who are chiefly dependent on you and for whom you have assumed legal responsibility, in place of the parent, are also eligible. You must verify eligibility and provide required documentation upon enrollment and every two years thereafter.

Any child described above, regardless of age, who is incapable of self support by reason of mental or physical disability, provided he or she became so disabled prior to reaching the age of 19 is eligible.

Students 19-25: Unmarried dependent children, age 19 up to age 25 are eligible if they are full-time students at an accredited secondary or preparatory school, college or other educational institution and are otherwise not eligible for employer group coverage.

If your child reaches age 19 during a school vacation period, coverage will continue, as long as the child is enrolled in an accredited secondary school, college or other accredited educational institution and plans to resume classes on a full-time basis at the end of the vacation period. Proof of enrollment will be required in order for benefits to be paid.

Students who want to continue coverage during the summer must have been enrolled in the previous spring semester and must be enrolled as full-time students for the fall semester.

Note: Rules for dependent students continuing coverage during summer vacation between the spring and fall semester also apply to dependent students continuing coverage during a winter vacation between the fall and spring semester.

Important: You must report changes in dependent eligibility within 30 days of a qualifying event. Requests for upgrades or downgrades must be consistent with Cafeteria Plan rules. Non-qualifying changes can be made during open enrollment for the following January 1.

The vision plan pays for certain vision care expenses that are recommended by a physician or optometrist and charged to you while covered as a plan participant.

SERVICES NOT COVERED:

- ◆ Charges for orthoptics (eye muscle exercises).
- ◆ Charges for vision training or subnormal vision aids.
- ◆ Lenses that can be ordered without a prescription.
- ◆ Any service or supply that is not shown in the Vision Care Schedule.

Vision Care Schedule Maximum Amounts

Eye Exam	\$35.00
Lenses, per pair – Single Vision.....	30.00
Bi-focal.....	50.00
Tri-focal.....	60.00
Lenticular	90.00
Contact Lenses, per pair, if <u>not</u> medically necessary	55.00
Contact Lenses, per pair, when medically necessary*.....	180.00
Frames	25.00

***To be “medically necessary”:**

- ◆ A person’s vision cannot be corrected to 20/70 in the better eye except by the use of contact lenses.
- ◆ A person needs contact lenses after cataract surgery.
- ◆ A person is being treated for a condition such as Keratoconus or Anisometropia and contact lenses are routinely used as part of the treatment.

LIMITATIONS

- ◆ 1 complete eye exam per person in a calendar year.
- ◆ 2 lenses per person in any calendar year
- ◆ 1 set of frames per person in any calendar year
You may receive one pair of glasses (lenses & frames) or contact lenses, but not both.

Each time period begins when the service or supply is first charged to the person. An eye exam is charged on the date it is performed. Lenses or frames are charged on the date they are ordered.

Important – You will be paid one half of the Maximum Amount for a single lens.

WHAT THE VISION PLAN DOES NOT COVER

Services and supplies furnished for the following reasons:

- ◆ Injury that happens during work at any job for pay or profit.
- ◆ Sickness for which payment is made or available through Workers’ Compensation or a similar law.
- ◆ Expenses incurred before you become covered.

Coordination of Benefits

The benefits under the Orange County Self-Insured Vision Plan will be coordinated with the benefits of other plans.

Claims Administered By:

**The Preferred Group
P.O. Box 15136
Albany, NY 12212-5136**

Tel: 800-573-7474

**COUNTY OF ORANGE
VISION CARE PARTICIPATING PROVIDERS***

Austin Ryan Optika
12 New Paltz Plaza
New Paltz, NY 12561
845-255-6780

DiNapoli Opticians
313 Fullerton Avenue
Newburgh, NY 12550
845-561-2970

Jules Vision Center
Richard Weintraub, OD
1401 Route 300
Newburgh, NY 12550
845-566-9179

Eye to Eye Vision Center
1 Galleria Dr. Ste 128
Middletown, NY 10940
845-692-2020

New County Optical Co.
72 East Post Road
White Plains, NY 10601
914-949-8100 or 8198

New County Optical Co.
10 Spring Valley Mkt. Place
Spring Valley, NY 10977
845-426-3937

New York Eyewear
Mid Valley Mall
47 North Plank Rd.
Newburgh, NY 12550
845-562-6284

Franco Rossi Jr., OD
25 St. John Street
Goshen, NY 10924
845-294-6411

Plaza Optical
475 Rte. 17M
Monroe, NY 10950
845-783-4400

Sterling Optical
DBA Insight Managed Care
1401 Route 300
Newburgh, NY 12550
845-564-3522

Raymond Opticians
78 Brookside Ave
Chester, NY 10918
845-469-5161

Warwick Optical
25 Elm Street Unit 3
Warwick, NY 10990
845-987-7333

Raymond Opticians
252 Hooker Avenue
Poughkeepsie, NY 12603
845-471-3260

Washington Eye Associates
Jennifer M. Battiato, OD
2877 Rt. 94 Ste 2
Blooming Grove, NY 10914
845-469-5161
845-496-9999

Raymond Opticians
63 E Main Street
Pawling, NY 12564
845-855-8200

***Orange County Vision Care Participating Providers, on the date of this revision, agreed to accept the vision care schedule as full payment for the eye exam. However, there will be out of pocket expenses for designer frames, contacts, tinting, etc. You should check to verify the provider's continued participation when scheduling your appointment.**

Note: An employee may not be covered both as an employee member (the enrollee) and as a dependent of another employee/enrollee. If both parents/step-parents are employees and Plan members, coverage for children may not be claimed under more than one enrollee.

Changes To Your Coverage: Requests to Upgrade or Downgrade your vision coverage can Only be accepted during the annual option transfer period each October and will become effective on January 1st of the following year. Exceptions to this policy are qualifying events such as marriage, resignation, termination, divorce or death.

Continuation Coverage: This Plan is subject to the provisions of the Consolidated Omnibus Budget Reconciliation Act (COBRA). Contact OC RISK MANAGEMENT, 615-3600, for details regarding your rights & responsibilities under this law.

Privacy: This Plan complies with the privacy provisions of the Health Insurance Portability and Accountability Act (HIPAA).

Pre-Tax Contributions: This Plan is a component of the Orange County Government Section 125 Flexible Benefit Plan, subject to applicable IRS regulations. Employee contributions required for family vision coverage will be withheld on a pre-tax basis unless the Employer is instructed otherwise.

Questions regarding COBRA, HIPAA Privacy or Pre-tax contributions should be directed to the Benefits Unit, Orange County Risk Management, 18 Seward Avenue, 1st Floor, Middletown, NY 10924, telephone 845-615-3600.

Deadline for filing claims: Claims must be submitted within 90 days after the end of the calendar year in which the services were performed in order to be considered for payment.



**Orange County Self-Insured
Vision Plan
For**

**Group 723
Orange County Civil Service
Employees' Association**

**Group 723
Managerial/Confidential**

**Group 719
OCCC-Faculty Association**

**Group 722
OCCC- Staff & Chairmen's
Association**