

# VISION INSURANCE PROGRAM SUMMARY



The Buffalo Niagara Partnership is providing a comprehensive vision care program to all members and their employees. Participants may select a provider from the list of participating providers within the VSP network.

	<b>Plan A</b> Sngl: \$ 25.29 qtr Fam: \$ 54.96 qtr	<b>Plan B</b> Sngl: \$ 28.83 qtr Fam: \$ 60.99 qtr	<b>Plan C</b> Sngl: \$ 37.71 qtr Fam: \$ 80.94 qtr
<u>Eye Examination*</u>	1 per year	1 per year	1 per year
<u>Lenses</u>	1 every 2 years	1 per year	1 per year
<u>Frame</u>	1 every 2 years	1 every 2 years	1 per year

## Quarterly Administrative Fees:

- \$18 per subscriber contract enrolled in vision plan only.
- \$24 per subscriber contract enrolled in medical & vision plans.
- \$32 per subscriber contract enrolled in medical, dental & vision.

\* Frequency of service is based on last date of service.

BENEFITS OF PROGRAM	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER REIMBURSEMENT
<b>EXAMINATION</b>	Paid in Full **	\$ 40
<b>BASIC LENSES</b> Single Vision Bifocal Trifocal Lenticular	Paid in Full ** Paid in Full ** Paid in Full Paid in Full	\$ 35 \$ 52 \$ 65 \$ 80
<b>FRAME</b>	Paid in Full up to plan allowance **	\$ 45
<b>CONTACTS (In lieu of lenses &amp; a frame)</b> Necessary Cosmetic	Paid in Full ** \$ 105	\$ 210 \$ 105
<b>CO-PAYMENT</b> Co-payment/Exam Co-payment/Materials	\$ 10 \$ 25	

\*\* Paid in full after co-payment is satisfied.  
Plan allowance \$ 120

<b>Eye Examination</b>	This is a thorough analysis of the patient's visual functions, including the prescription of corrective lenses when necessary. (Covered benefit for major medical participants.)
<b>Spectacle Lenses</b>	When prescribed, VSP will cover any necessary lenses and professional services required for the patient's welfare. Standard glass or plastic (single vision or multifocal) prescription lenses are covered in full, subject to any applicable co-payment.
<b>Frames</b>	VSP covers a wide selection of frames, but not all frames will be covered in full. When a patient selects a frame that exceeds the plan's allowance, these additional charges are administered at VSP's controlled costs. Subject to any applicable co-payment.
<b>Contact Lenses</b>	(Elective) contact lenses may be chosen instead of spectacle lenses and a frame. The comprehensive examination is covered in full and an allowance of \$ 105 is provided toward the contact lens evaluation, fitting costs and materials.
<b>Contact Lenses</b>	(Necessary) VSP provides necessary contact lenses when the doctor obtains prior approval. If the request is approved, the contact lenses and associated professional services are fully covered by VSP, less any applicable co-payment.
<b>Value-Added Discounts</b>	The Standard Plan includes a 20% discount off the usual and customary cost of purchasing additional pairs of complete prescription glasses, and a 1% discount off a doctor's professional services associated with the purchase of all prescription contact lenses.