

## 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

**Fitzharris & Company, Inc.  
PO Box 9182  
Farmingdale, NY 11735**

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

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

Cohen's Fashion Optical  
1 N Galleria Dr. Suite 126  
Middletown, NY 10941  
845-692-5800

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

Doron Feder, OD  
125 Dolson Avenue  
Middletown, NY 10940  
845-342-2020

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

Eyecare Vision Inc.  
Joel Feintuch, OD  
Rt. 6 Westchester Mall  
Mohegan Lake, NY 10547  
914-528-2012

Richard Goodman, OD  
14 East Main Street  
Pawling, NY 12564  
845-855-1155

Elaine Muratore Groo, OD  
456 Gidney Avenue  
Newburgh, NY 12550  
845-561-0907

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

Riehle Opticians of Warwick  
Merchants Square  
36 Ronald Reagan Blvd.  
Warwick, NY 10990  
(845) 986-5367

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

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

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

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

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

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

Hal R. Mendel, OD  
19 A Rye Ridge Plaza  
Rye Brook, NY 10573  
914-939-2224

**Updated 05/21/10**

**\*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 dental coverage can Only be accepted during the annual option transfer period each October and will become effective on January 1<sup>st</sup> 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, 1<sup>st</sup> 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 &  
Management Employees**

**Group 718  
OC Correction Officers' Benevolent  
Association**

**Group 755  
OC Deputy Sheriffs' Police Benevolent  
Association**

**Group 768  
Superior Officers' Association**

**Group 719  
OCCC-Faculty Association**

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