# Affordable, comprehensive vision coverage for the whole team **INTRODUCING SINPLY VISION**

# Excellus 🗟

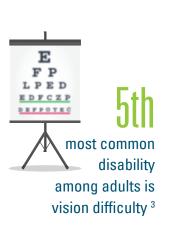
# More complete wellbeing is *in sight* with Simply Vision plans.

At Excellus BlueCross BlueShield, we know that taking care of your team is critical to business success. Offering robust voluntary benefits not only attracts top talent, it also helps foster happy, healthy and productive employees by supporting more aspects of their wellbeing—including their eye health.

Beyond helping employees see more clearly, regular eye exams can help catch underlying eye diseases and other health conditions like high blood pressure and diabetes early,<sup>1</sup> preventing permanent vision loss or blindness and preserving longterm eye health and quality of life. **So your employees enjoy better outcomes, lower costs, and peace of mind in knowing they're taking care of their whole health.** 



Annual cost in sick days, lost productivity and medical bills due to vision disorders<sup>2</sup>



# Simply Vision plans make offering richer benefits a little easier.

## 1 A Local Partner

- Our more than 80 years of experience serving our upstate New York neighbors gives us unique insight into what you and your team want and need to get and stay healthy.
- As a non-profit invested in our local community, we proudly pass savings directly on to our members and into things like community health programs or grants.

## 2 Affordable Options

- Competitively-priced plan options and multiple contribution options give you flexibility to select premiums that fit both your and your employees' budgets.
- Low member out-of-pocket costs make it easier for employees to get care they need, including:
  - Low copays for exams for the whole family
  - Fully covered and low-cost on-trend frame options through the Exclusive Collection are included with every Simply Vision plan
  - Exclusive member-only pricing and discounts on extras like specialty lens enhancements and laser vision correction<sup>7</sup>

# **MEMBER TOOLS**

Online member accounts empower your team to get the most from their plan through Single Sign-On (SSO) access to free online tools and resources, such as:

- · View your member card, benefits and claims
- Find an Eye Care Professional
- Frame Try-On Tool (Exclusive Collection only)
- Online Shopping that connects your benefits with leading online retailers, such as 1-800 Contacts and Glasses.com



### Comprehensive Coverage

- Every Simply Vision plan includes low-cost eye exams to catch vision and health concerns early, plus benefits for corrective eyewear including frames, lenses, and contact lenses, as well as options for covering contact lens evaluations.
- Eyewear choices are available for every family member, lifestyle and budget, and come with a 1-year breakage warranty.<sup>7</sup>
- All employees have access to great discounts on lens add-ons, additional pairs of eyeglasses, LASIK services and other great extras just for being a member.<sup>7</sup>

### Convenience and Simplicity

- Simplify your benefits administration with a single point of contact for all health care benefits, plus streamlined implementation and administration with combined enrollment forms and unified online bill pay system.
- Enjoy coordinated COBRA administration through our partnership with Lifetime Benefit Solutions.
- Through our partner, Davis Vision, employees have access to a large network that includes nearly 900 provider locations in the local Excellus BCBS network area and 100,000+ points of access nationwide<sup>6</sup>, including independent eye care professionals, 4 of the top 5 eyewear retailers and online retailers.

of visual impairment and blindness can be prevented through early diagnosis and

timely treatment.4



**4 III IU** US adults are at high risk for vision loss, but only half of those have visited an eye

> doctor in the past 12 months.⁵

# Simply Vision Plan Options for a Healthier Team and Business

	SIMPLY VISION VALUE <sup>™</sup>			SIMPLY VISION BRONZE™			
Select a benefit frequency option:	Once every calendar year	Once every calendar year, except frames once every 2 calendar years	Once every 2 calendar years	Once every calendar year	Once every calendar year, except frames once every 2 calendar years	Once every 2 calendar years	
<b>Employer Sponsored Rates - Voluntary</b>	/ rates are als	o available. S	ee Blue on	Demand for a	additional op	tions.	
Single	\$3.28	\$3.18	\$2.80	\$4.00	\$3.87	\$3.39	
Subscriber & Spouse	\$5.90	\$5.74	\$5.05	\$7.20	\$6.96	\$6.12	
Subscriber & Child(ren)	\$6.23	\$6.04	\$5.33	\$7.61	\$7.34	\$6.45	
Family	\$9.84	\$9.55	\$8.41	\$12.00	\$11.61	\$10.18	
Eye Exam		\$10 Copay			\$10 Copay		
Retinal Imaging	\$39 Copay			\$39 Copay			
Prescription Glasses - Eyeglasses in lie	eu of contact	lenses		·			
<b>LENSES (per pair)</b> Single, Bifocal, Trifocal, Lenticular	\$25 Copay			\$25 Copay			
FRAMES Exclusive Collection**** Available in most participating independent provider offices. Exclusive Collection in lieu of Frame allowance.							
Fashion Tier / Designer Tier / Premier Tier <b>OR</b>	Covered in	n full/\$15 copay/\$	40 сорау	Covered in full/Covered in full/\$25 copay			
Frame Allowance In lieu of Exclusive Collection							
Frames purchased at VisionWorks*	All PLUS a 20%	owance up to \$1 discount on any	50 overage**	Allowance up to \$180 PLUS a 20% discount on any overage**			
Frames purchased at any other in-network provider		owance up to \$10 5 <i>discount on any</i>		Allowance up to \$130 PLUS a 20% discount on any overage**			
Contact Lenses - Contact lenses in lieu	u of eyeglasse	es					
CONTACT LENSES							
Exclusive Collection Contact Lenses*** Available in most participating independent provider offices. Exclusive Collection in lieu of Contact lens allowance.							
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Available in most participating independent provider offices. Exclusive Collection in lieu of Contact lens allowance. Disposable/Planned Replacement Evaluation, Fitting and Follow-Up Care <b>OR</b> <b>Contact lens allowance:</b> In lieu of Collection Disposable or Non-Disposable Evaluation, Fitting and Follow-Up Care: Standard Lenses Evaluation, Fitting and Follow-Up Care: Specialty Lenses <b>OR</b> <b>Visually Required Contact Lenses</b> (Preauthorization required) Prescription contact lenses	PLUS a 15%	Not covered bowance up to \$10 discount on any 15% Discount** 15% Discount** Covered in full Covered in full	overage**	Alla PLUS a 15%	\$25 Copay owance up to \$1: discount on any 15% Discount** 15% Discount** Covered in full Covered in full	30 overage**	
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Available in most participating independent provider offices. Exclusive Collection in lieu of Contact lens allowance. Disposable/Planned Replacement Evaluation, Fitting and Follow-Up Care <b>OR</b> <b>Contact lens allowance:</b> In lieu of Collection Disposable or Non-Disposable Evaluation, Fitting and Follow-Up Care: Standard Lenses Evaluation, Fitting and Follow-Up Care: Specialty Lenses <b>OR</b> <b>Visually Required Contact Lenses</b> (Preauthorization required) Prescription contact lenses Evaluation, Fitting and Follow-Up Care <b>All plans include discounted member</b> <b>plansand more!**</b> Progressive Lenses (Standard / Premium / Ultra / Ultimate) Scratch Protection Plan (Single vision / Multifocal lenses)	PLUS a 15%	Not covered bowance up to \$10 discount on any 15% Discount** 15% Discount** Covered in full Covered in full ariety of lens	overage** options, like	All PLUS a 15%	\$25 Copay bwance up to \$13 discount on any 15% Discount** 15% Discount** Covered in full Covered in full s, scratch pro	30 overage**	
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# Simply Vision Plan Options for a Healthier Team and Business

	SIMPLY VISION SILVER <sup>™</sup>		SIMPLY VISION GOLD <sup>®®</sup>			
Select a benefit frequency option:	Once every calendar year, except frames once every 2 calendar years	Once every 2 calendar years	Once every calendar year	Once every calendar year, except frames once every 2 calendar years	Once every 2 calendar years	
Employer Sponsored Rates - Voluntary	y rates are also avail	able. See Blue on	Demand for a	additional opt	tions.	
Single	\$5.31	\$4.50	\$6.04	\$5.88	\$4.95	
Subscriber & Spouse	\$9.56	\$8.07	\$10.89	\$10.58	\$8.92	
Subscriber & Child(ren)	\$10.10	\$8.53	\$11.49	\$11.15	\$9.42	
Family	\$15.94	\$13.46	\$18.15	\$17.64	\$14.86	
Eye Exam	\$10 Copay		\$10 Copay			
Retinal Imaging	\$39 Copay		\$39 Copay			
Prescription Glasses - Eyeglasses in lie	eu of contact lenses					
<b>LENSES (per pair)</b> Single, Bifocal, Trifocal, Lenticular	\$25 Copay		\$25 Copay			
FRAMES Exclusive Collection**** Available in most participating independent provider offices. Exclusive Collection in lieu of Frame allowance.						
Fashion Tier / Designer Tier / Premier Tier	Covered in full/Covered	ed in full/\$25 copay	Covered in full/Covered in full/Covered in full			
OR					-	
Frame Allowance In lieu of Exclusive Collection				-	-	
Frames purchased at VisionWorks*	Allowance u PLUS a 20% discount	on any overage**	Allowance up to \$200 PLUS a 20% discount on any overage**			
Frames purchased at any other in-network provider	Allowance u PLUS a 20% discount		Allowance up to \$150 PLUS a 20% discount on any overage**			
Contact Lenses - Contact lenses in lier	u of eyeglasses					
CONTACT LENSES						
Exclusive Collection Contact Lenses*** Available in most participating independent provider offices. Exclusive Collection in lieu of Contact lens allowance.						
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Available in most participating independent provider offices. Exclusive Collection in lieu of Contact lens allowance. Disposable/Planned Replacement Evaluation, Fitting and Follow-Up Care <b>OR</b> Contact lens allowance: In lieu of Collection	\$25 Co Allowance u	pay p to \$130 on any overage**	Allc	\$25 Copay		
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Available in most participating independent provider offices. Exclusive Collection in lieu of Contact lens allowance. Disposable/Planned Replacement Evaluation, Fitting and Follow-Up Care <b>OR</b> <b>Contact lens allowance:</b> In lieu of Collection Disposable or Non-Disposable Evaluation, Fitting and Follow-Up Care: Standard Lenses Evaluation, Fitting and Follow-Up Care: Specialty Lenses <b>OR</b> <b>Visually Required Contact Lenses</b> (Preauthorization required) Prescription contact lenses	\$25 Co Allowance u PLUS a 15% discount \$25 Co Allowance up to \$60 P on any ove Covered Covered	p to \$130 on any overage** pay LUS a 15% discount erage** in full in full	Allo PLUS a 15%	\$25 Copay owance up to \$15 <i>discount on any o</i> \$25 Copay to \$60 PLUS a 19 n any overage** Covered in full Covered in full	0 overage** 5% discount	
Available in most participating independent provider offices. Exclusive Collection in lieu of Contact lens allowance. Disposable/Planned Replacement Evaluation, Fitting and Follow-Up Care <b>OR</b> <b>Contact lens allowance:</b> In lieu of Collection Disposable or Non-Disposable Evaluation, Fitting and Follow-Up Care: Standard Lenses Evaluation, Fitting and Follow-Up Care: Specialty Lenses <b>OR</b> <b>Visually Required Contact Lenses</b> (Preauthorization required) Prescription contact lenses Evaluation, Fitting and Follow-Up Care <b>All plans include discounted member</b>	\$25 Co Allowance u PLUS a 15% discount \$25 Co Allowance up to \$60 P on any ove Covered Covered	p to \$130 on any overage** pay LUS a 15% discount erage** in full in full <b>f lens options, lik</b>	Allo PLUS a 15% Allowance up or e progressive	\$25 Copay owance up to \$15 <i>discount on any o</i> \$25 Copay to \$60 PLUS a 19 n any overage** Covered in full Covered in full	0 overage** 5% discount	
Available in most participating independent provider offices. Exclusive Collection in lieu of Contact lens allowance. Disposable/Planned Replacement Evaluation, Fitting and Follow-Up Care <b>OR</b> Contact lens allowance: In lieu of Collection Disposable or Non-Disposable Evaluation, Fitting and Follow-Up Care: Standard Lenses Evaluation, Fitting and Follow-Up Care: Specialty Lenses <b>OR</b> Visually Required Contact Lenses (Preauthorization required) Prescription contact lenses Evaluation, Fitting and Follow-Up Care All plans include discounted member plansand more!** Progressive Lenses (Standard / Premium / Ultra / Ultimate) Scratch Protection Plan (Single vision / Multifocal lenses)	Allowance u PLUS a 15% discount \$25 Co Allowance up to \$60 P on any ove Covered Covered prices for a variety o	p to \$130 on any overage** pay LUS a 15% discount erage** in full in full if lens options, lik 0/\$125	Allo PLUS a 15% Allowance up or e progressive	\$25 Copay wance up to \$15 discount on any of \$25 Copay to \$60 PLUS a 15 n any overage** Covered in full Covered in full s, scratch pro	0 overage** 5% discount	
Available in most participating independent provider offices. Exclusive Collection in lieu of Contact lens allowance. Disposable/Planned Replacement Evaluation, Fitting and Follow-Up Care <b>OR</b> Contact lens allowance: In lieu of Collection Disposable or Non-Disposable Evaluation, Fitting and Follow-Up Care: Standard Lenses Evaluation, Fitting and Follow-Up Care: Specialty Lenses <b>OR</b> Visually Required Contact Lenses (Preauthorization required) Prescription contact lenses Evaluation, Fitting and Follow-Up Care All plans include discounted member plansand more!** Progressive Lenses (Standard / Premium / Ultra / Ultimate) Scratch Protection Plan	Allowance u PLUS a 15% discount \$25 Co Allowance up to \$60 P on any ove Covered Covered prices for a variety o \$0/\$40/\$9	p to \$130 on any overage** pay LUS a 15% discount erage** in full in full <b>f lens options, lik</b> 0/\$125 40	Allo PLUS a 15% Allowance up or e progressive	\$25 Copay wance up to \$15 discount on any of \$25 Copay to \$60 PLUS a 18 n any overage** Covered in full Covered in full <b>S, scratch pro</b> 50/\$40/\$90/\$125	0 overage** 5% discount	

# Simply Vision Plan Options for a Healthier Team and Business

	Out of Network				
Select a benefit frequency option:					
Employer Sponsored Rates - Voluntary	v rates are also available. See Blue on Demand for additional options.				
Single					
Subscriber & Spouse					
Subscriber & Child(ren)					
Family					
Eye Exam	Allowance up to \$30				
Retinal Imaging	Not covered				
Prescription Glasses - Eyeglasses in lie					
LENSES (per pair) Single, Bifocal, Trifocal, Lenticular	Allowance up to: Single - \$25 Bifocal - \$35 Trifocal - \$45 Lenticular - \$60				
FRAMES					
<b>Exclusive Collection****</b> Available in most participating independent provider offices. Exclusive Collection in lieu of Frame allowance.					
Fashion Tier / Designer Tier / Premier Tier	Not covered				
OR					
Frame Allowance In lieu of Exclusive Collection					
Frames purchased at <b>VisionWorks*</b>	Allowance up to \$30				
Frames purchased at any other in-network provider	Allowance up to \$30				
Contact Lenses - Contact lenses in lieu of eyeglasses					
CONTACT LENSES					
Exclusive Collection Contact Lenses*** Available in most participating independent provider offices. Exclusive Collection in lieu of Contact lens allowance.					
Disposable/Planned Replacement	Not covered				
Evaluation, Fitting and Follow-Up Care	Not covered				
OR Contact lens allowance:					
In lieu of Collection					
Disposable or Non-Disposable	Allowance up to \$75				
Evaluation, Fitting and Follow-Up Care: Standard Lenses	Not covered				
Evaluation, Fitting and Follow-Up Care: Specialty Lenses	Not covered				
OR					
Visually Required Contact Lenses (Preauthorization required)					
Prescription contact lenses	Allowance up to \$225				
Evaluation, Fitting and Follow-Up Care	Allowance up to \$225 prices for a variety of lens options, like progressives, scratch protection				
plansand more!**	prices for a vallery of lens options, like progressives, scratch protection				
Progressive Lenses (Standard / Premium / Ultra / Ultimate)	Not covered				
Scratch Protection Plan (Single vision / Multifocal lenses)	Not covered				
Polycarbonate lenses***** (Children/Adults)	Not covered				
Anti-reflective Coating (Standard / Premium / Ultra / Ultimate)	Not covered				





1 CDC. Vision Health Initiative: Keep an Eye on Your Vision Health. October 2020

2 Vision Council of America. Vision in Business, 2016.

3 CDC. Prevalence of Disabilities and Health Care Access by Disability Status and Type Among Adults, 2016.

4 CDC. Vision Health Initiative: Vision Health Frequently Asked Questions. June 2020

5 JAMA Ophthalmology. Eye Care Among US Adults at High Risk for Vision Loss in the United States in 2002 and 2017. March 2020. 6 Davis Vision. January 2021

7 Not all providers participate in Davis Vision Discounts, including the fixed lens option pricing. Members should contact their provider prior to scheduling an appointment to confirm if he/she offers the discount and fixed lens option pricing.

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Davis Vision is an independent company providing vision benefit management services and access to their network.