

Simply Vision plans make offering richer benefits a little *easier*[†]

Local



Our nearly 90 years of experience serving our upstate New York neighbors gives us unique insight into what your team wants and needs to get and stay healthy. As a nonprofit invested in our local community, we proudly pass savings directly on to our members and into things like community health programs or grants.

Comprehensive



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. 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.²

Affordable



Competitively priced plan options and multiple contribution options give groups flexibility to select premiums that fit both their and their employees' budgets. And low member out-of-pocket costs, including fully covered and low-cost frame options, make it easier for employees to get care they need.

Convenient



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 152,000+ points of access nationwide,³ including independent eye care professionals, four of the top five eyewear retailers, and online retailers.

Simple



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.



>\$8 billion in annual costs in sick days, lost productivity and medical bills due to vision disorders.⁵

~50% of visual impairment and blindness can be prevented through early diagnosis and timely treatment.⁶

5th most common disability among adults is vision difficulty.⁷

4 in 10 US adults are at high risk for vision loss, but only half of those have visited an eye doctor in the past 12 months.⁸



Affordable comprehensive vision coverage for the whole team

Simply VisionSM

[†] Specified benefits and coverage are included for Fully Insured plans. Ask your account representative about Self-Funded options.
¹ CDC. Vision Health Initiative: Keep an Eye on Your Vision Health. October 2020.
² 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.
³ Davis Vision, January 2024.
⁴ Vision Council of America. Vision in Business, 2016.
⁵ CDC. Vision Health Initiative: Vision Health Frequently Asked Questions. December 2022.
⁶ CDC. Prevalence of Disabilities and Health Care Access by Disability Status and Type Among Adults, December 2022.
⁷ JAMA Ophthalmology. Eye Care Among US Adults at High Risk for Vision Loss in the United States in 2002 and 2017. March 2020.

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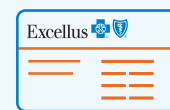
More complete wellbeing is *in sight* with Simply Vision plans

Vision and eye health are essential to overall wellbeing. 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,¹ preventing permanent vision loss or blindness and preserving long-term eye health and quality of life. Through Simply Vision plans, Excellus BlueCross BlueShield can help make it affordable to make eye health a priority.



Member tools

Online member accounts empower you to get the most from your plan through access to free online tools and resources, such as:



Member card(s)
View or order



Claims
Submit, view and download

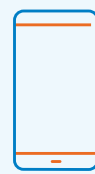


Benefits and coverage
View a summary



Find providers
Find an eye care professional using the Find a Davis Vision Provider tool available at [ExcellusBCBS.com](#)

Frame try-on tool
(Exclusive Collection Only)



Online shopping
Use your network benefits at 1800Contacts.com, Glasses.com, and Befitting.com

Simply Vision plan options for a healthier team and business

Select a benefit frequency option	Simply Vision Value™			Simply Vision Bronze™			Simply Vision Silver™		Simply Vision Gold™			Simply Vision Platinum™			Simply Vision Platinum Plus™ (Safety Glass Benefit*)	Out of Network
	Once every plan year	Once every plan year, except frames once every 2 plan years	Once every 2 plan years	Once every plan year	Once every plan year, except frames once every 2 plan years	Once every 2 plan years	Once every plan year, except frames once every 2 plan years	Once every 2 plan years	Once every plan year	Once every calendar year, except frames once every 2 plan years	Once every 2 plan years	Once every plan year	Once every plan year, except frames once every 2 plan years	Once every 2 plan years	Once every plan year	
Employer sponsored rates - Voluntary rates are also available. See Blue On Demand for additional options.																
Single	\$3.28	\$3.18	\$2.80	\$4.00	\$3.87	\$3.39	\$5.31	\$4.50	\$6.04	\$5.88	\$4.95	\$9.41	\$7.60	\$6.40	\$15.53	
Subscriber & spouse	\$5.90	\$5.74	\$5.05	\$7.20	\$6.96	\$6.12	\$9.56	\$8.07	\$10.89	\$10.58	\$8.92	\$18.83	\$15.19	\$12.80	\$24.94	
Subscriber & child(ren)	\$6.23	\$6.04	\$5.33	\$7.61	\$7.34	\$6.45	\$10.10	\$8.53	\$11.49	\$11.15	\$9.42	\$19.75	\$15.93	\$13.43	\$25.87	
Family	\$9.84	\$9.55	\$8.41	\$12.00	\$11.61	\$10.18	\$15.94	\$13.46	\$18.15	\$17.64	\$14.86	\$27.53	\$22.20	\$18.71	\$33.64	
Eye exam	\$10 Copay			\$10 Copay			\$10 Copay		\$10 Copay			\$0 Copay			\$0 Copay	Allowance up to \$30
Retinal imaging	\$39 Copay			\$39 Copay			\$39 Copay		\$39 Copay			\$39 Copay			\$10 Copay	Not covered
Prescription glasses - Eyeglasses in lieu of contact lenses																
Lenses (per pair) Single, bifocal, trifocal, lenticular	\$25 Copay			\$25 Copay			\$25 Copay		\$25 Copay			\$0 Copay			\$0 Copay	Allowance up to: Single - \$25 Bifocal - \$35 Trifocal - \$45 Lenticular - \$60
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/\$15 copay/ \$40 copay			Covered in full/Covered in full/ \$25 copay			Covered in full/Covered in full/ \$25 copay		Covered in full/Covered in full/ Covered in full			Covered in full/Covered in full/ Covered in full			Covered in full/Covered in full/ Covered in full	Not covered
OR Frame Allowance - In lieu of Exclusive Collection																
Frames purchased at VisionWorks*	Allowance up to \$150 PLUS a 20% discount on any overage**			Allowance up to \$180 PLUS a 20% discount on any overage**			Allowance up to \$180 PLUS a 20% discount on any overage**		Allowance up to \$200 PLUS a 20% discount on any overage**			Allowance up to \$225 PLUS a 20% discount on any overage**			Allowance up to \$225 PLUS a 20% discount on any overage**	Allowance up to \$30
Frames purchased at any other in-network provider	Allowance up to \$100 PLUS a 20% discount on any overage**			Allowance up to \$130 PLUS a 20% discount on any overage**			Allowance up to \$130 PLUS a 20% discount on any overage**		Allowance up to \$150 PLUS a 20% discount on any overage**			Allowance up to \$175 PLUS a 20% discount on any overage**			Allowance up to \$175 PLUS a 20% discount on any overage**	Allowance up to \$30
Safety Frame Collection: Fashion/Designer/Premier	Not covered			Not covered			Not covered		Not covered			Not covered			Covered in full	
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			Up to 4 boxes/Up to 2 boxes			Up to 8 boxes/Up to 4 boxes		Up to 8 boxes/Up to 4 boxes			Up to 8 boxes/Up to 4 boxes			Up to 8 boxes/Up to 4 boxes	Not covered
Evaluation, fitting and follow-up care	Not covered			\$25 Copay			\$25 Copay		\$25 Copay			\$0 Copay			\$0 Copay	Not covered
OR Contact lens allowance - In lieu of Collection																
Disposable or non-disposable	Allowance up to \$100 PLUS a 15% discount on any overage**			Allowance up to \$130 PLUS a 15% discount on any overage**			Allowance up to \$130 PLUS a 15% discount on any overage**		Allowance up to \$150 PLUS a 15% discount on any overage**			Allowance up to \$175 PLUS a 15% discount on any overage**			Allowance up to \$175 PLUS a 15% discount on any overage**	Not covered
Evaluation, fitting and follow-up care: standard lenses	15% Discount**			15% Discount**			\$25 Copay		\$25 Copay			\$0 Copay			\$0 Copay	Not covered
Evaluation, fitting and follow-up care: standard lenses	15% Discount**			15% Discount**			Allowance up to \$60 PLUS a 15% discount on any overage**		Allowance up to \$60 PLUS a 15% discount on any overage**			Allowance up to \$60 PLUS a 15% discount on any overage**			Allowance up to \$60 PLUS a 15% discount on any overage**	Not covered
OR Visually required contact lenses (Preauthorization required)																
Prescription contact lenses	Covered in full			Covered in full			Covered in full		Covered in full			Covered in full			Covered in full	Allowance up to \$225
Evaluation, fitting and follow-up care	Covered in full			Covered in full			Covered in full		Covered in full			Covered in full			Covered in full	Allowance up to \$225
All plans include discounted member prices for a variety of lens options, like progressives, scratch protection plans... and more!***																
Progressive lenses (Standard/Premium/Ultra/Ultimate)	\$65/\$105/\$140/\$175			\$50/\$90/\$140/\$175			\$0/\$40/\$90/\$125		\$0/\$40/\$90/\$125			\$0/\$40/\$90/\$125			\$0/\$40/\$90/\$125	Not covered
Scratch protection plan (Single vision/multifocal lenses)	\$20/\$40			\$20/\$40			\$20/\$40		\$20/\$40			\$20/\$40			\$20/\$40	Not covered
Polycarbonate lenses***** (Children/adults)	\$0/\$35			\$0/\$30			\$0/\$0		\$0/\$0			\$0/\$0			\$0/\$0	Not covered
Anti-reflective coating (Standard/Premium/Ultra/Ultimate)	\$40/\$55/\$69/\$85			\$35/\$48/\$60/\$85			\$35/\$48/\$60/\$85		\$35/\$48/\$60/\$85			\$35/\$48/\$60/\$85			\$35/\$48/\$60/\$85	Not covered

This is not a summary of benefits. See member contract for details. Discounted prices are not insurance. Simply Vision Silver and Simply Vision Gold may include some lens options as an insured benefit. See contract for full details.

*Enhanced frame allowance is available at all Visionworks locations nationwide. Excludes Maui Jim eyewear.

**Additional discounts not applicable at Walmart, Sam's Club, or Costco locations or where limited by law or manufacturer restrictions. Discounts are not insurance.

***Collection is available at most participating independent provider offices. Collection is subject to change. Collection is inclusive of select torics and multifocals.

****Participating retail providers typically do not display the Collection, but are contractually required to maintain a comparable selection (in both quantity and quality) of frames that would be covered, with no additional member out-of-pocket expense. Collection is subject to change.

*****Polycarbonate lenses are covered for dependent children, monocular patients, and patients with prescriptions +/- 6.00 diopters or greater.

*Safety glass benefit is employee only. All other dress benefits apply to all dependents.