2026 MVP Vision Plan Selection

For MVP Health Care® NY Commercial Group Plans

Section 1: Group Information

(Please print)

Group Name

Group No. *(if applicable)*

Medical and Vision Plan Effective Date

Broker Agency Name

Section 2: MVP Vision Plan(s) Selection

Select the MVP Vision Plan(s) below you will offer your employees.

MVP Vision Plans	Routine Eye Exam	Frames	Lenses and Contact Lenses
☐ MVP Vision 1	**$10 co-payment** (One exam every 12 months)	**20% off after $170 allowance** (New frames every 12 months)	**Refer to the Schedule for cost-share** (New lenses or contact lenses every 12 months)
☐ MVP Vision 2	**$10 co-payment** (One exam every 12 months)	**20% off after $150 allowance** (New frames every 24 months)	
☐ MVP Vision 3	**$10 co-payment** (One exam every 12 months)	**20% off after $130 allowance** (New frames every 24 months)	

Section 3: Vision Coverage Level and Rates

Select one of the premium rate schedules below, and all tier levels you will offer your employees within that rate schedule.

☐ **Non-Voluntary Monthly Rates**

By selecting this rate schedule, the employer agrees to contribute 80% or more to the employees' vision premium.

	MVP Vision 1	MVP Vision 2	MVP Vision 3
☐ Single	$6.58	$5.24	$4.84
☐ Single + Spouse	$12.50	$9.96	$9.20
☐ Single + Child(ren)	$13.16	$10.48	$9.68
☐ Family*	$16.78 (2T) $18.36 (3T) $19.35 (4T)	$13.36 (2T) $14.62 (3T) $15.41 (4T)	$12.34 (2T) $13.50 (3T) $14.23 (4T)

☐ **Voluntary Monthly Rates**

	MVP Vision 1	MVP Vision 2	MVP Vision 3
☐ Single	$8.01	$6.70	$6.20
☐ Single + Spouse	$15.22	$12.73	$11.78
☐ Single + Child(ren)	$16.02	$13.40	$12.40
☐ Family*	$20.43 (2T) $22.35 (3T) $23.55 (4T)	$17.09 (2T) $18.69 (3T) $19.70 (4T)	$15.81 (2T) $17.30 (3T) $18.23 (4T)

*2T (2-Tier) Single/Family; 3T (3-Tier) Single/Single + Spouse, Family; 4T (4-Tier) Single/Single + Spouse/Single + Child(ren)/Family.
Tier 2 and Tier 3 rates only apply to Large Group Plans.

The plan overviews above are intended to provide a general outline of coverage. Comprehensive benefit details will be available in your Certificate of Coverage (COC), Schedule of Benefits, Summary of Benefits and Coverage (SBC), and any applicable Riders. Your COC, Schedule, SBC, and Rider(s) will be controlling. These documents will be available in your MVP online account, or by request.

Employer Signature *Date*

Employer Name (print) *Title*

No benefits will be paid for services or materials connected with or charges arising from: orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; medical and/or surgical treatment of the eye, eyes or supporting structures; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; any Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; safety eyewear; plano (non-prescription) lenses; non-prescription sunglasses; two pair of glasses in lieu of bifocals; services or materials provided by any other group benefit plan providing vision care; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; or lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available. Member receives a 20% discount on items not covered by the plan at EyeMed In-Network locations. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see EyeMed's online provider locator to determine which participating providers have agreed to the discounted rate. Discounts on vision materials may not be applicable to certain manufacturers' products EyeMed Vision Care reserves the right to make changes to the products on each tier and the member out-of-pocket costs. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Service and amounts listed above are subject to change at any time. Fees charged by a Provider for services other than a covered benefit must be paid in full by the Insured Person to the Provider. Such fees or materials are not covered under the Policy. Benefit allowances provide no remaining balance for future use within the same Benefit Frequency.

Health benefit plans are issued or administered by MVP Health Plan, Inc.; MVP Health Insurance Company; MVP Select Care, Inc.; and MVP Health Services Corp., operating subsidiaries of MVP Health Care, Inc. Not all plans available in all states and counties.