

Eye Care Coverage ID Card

The Business Council of New York State, Inc. • 026-50004

BENEFITS PROVIDED UNDER THIS POLICY AND ANY LIMITATIONS THAT MAY APPLY TO YOU OR YOUR INSURED DEPENDENTS ARE OUTLINED IN YOUR CERTIFICATE OF INSURANCE. THIS IS NOT A GUARANTEE OF BENEFITS. BENEFITS ARE DETERMINED AT THE TIME THE CLAIM IS FILED.

Signature of Insured



The
Business
Council

INSURANCE FUND



We're First Ameritas. We're for people.®

A UNIFI Company

EYE CARE INSURANCE COVERAGE.

- FOR INSURANCE CLAIM BENEFIT QUESTIONS, CALL 1-800-659-5556.
- VISIT OUR WEBSITE AT **WWW.FIRSTAMERITASGROUP.COM/BCNYS/** FOR CLAIM FORMS.
- PRESENT THIS CARD AT YOUR APPOINTMENT.
- YOU OR YOUR PROVIDER CAN MAIL THE CLAIM TO: **FIRST AMERITAS, PO BOX 82595, LINCOLN, NE 68501** OR FAX THE CLAIM TO **402-467-7336**.

EYE CARE DISCOUNT PROGRAM.

- FOR DISCOUNT PROGRAM QUESTIONS, CALL 1-866-828-0926. TO LOCATE THE NEAREST EYE MEDPROVIDER VISIT **WWW.EYEMEDVISIONCARE.COM**.

EYE MED PROVIDERS: FOR DISCOUNT PROGRAM INFORMATION CALL 1-800-521-3605 OR VISIT **WWW.EYEMEDVISIONCARE.COM**.

DISCOUNT PROGRAM PLAN ID 9232372.