## SERVICES

### EYE EXAM
- **Comprehensive Eye Exam**
  - Covered: 100%
  - Co-Pay: $10.00
  - Reimbursed up to $25.00

### FRAME
- **Frame**
  - Retail Allowance: $130.00
  - Member pays retail frame costs over allowance, less 20% discount.
  - Walmart/Sam’s EDLP Frames Level 3: $75.00
  - Reimbursed up to $50.00

### STANDARD LENSES
- **Single Vision**
  - Covered: 100%
  - Co-Pay: $15.00
  - Reimbursed up to $25.00

- **Bifocal**
  - Covered: 100%
  - Co-Pay: $15.00
  - Reimbursed up to $35.00

- **Trifocal**
  - Covered: 100%
  - Co-Pay: $15.00
  - Reimbursed up to $45.00

- **Lenticular**
  - Covered: 100%
  - Co-Pay: $15.00
  - Reimbursed up to $65.00

- **Progressive, Standard**
  - Covered: 100%
  - Co-Pay: $60.00
  - Reimbursed up to $35.00

- **Progressive, Premium**
  - 80% of the difference between the standard and premium
  - Co-Pay: $60.00
  - Reimbursed up to $35.00

### Lens Options
- **Anti-Reflective Coating**
  - 20% Discount
- **Hi-Index**
  - 20% Discount
- **Mirror Coating**
  - 20% Discount
- **Photochromic/Transition, Single Vision**
  - 20% Discount
- **Photochromic/Transition, Multi-Focal**
  - 20% Discount
- **Polycarbonate, Child**
  - 20% Discount
- **Polycarbonate, Adult**
  - 20% Discount
- **Polarization**
  - 20% Discount
- **Scratch Coating**
  - 20% Discount
- **Tint, Solid**
  - 20% Discount
- **Tint, Gradient**
  - 20% Discount
- **UV Coating**
  - 20% Discount
- **Other Lens Options**
  - 20% Discount

### CONTACT LENS SERVICES
- **Standard Contact Fitting**
  - Max Co-Pay: $55.00
- **Premium Contact Fitting**
  - 10% Discount
- **Contact Lenses**
  - Retail Allowance: $130.00
  - Member pays retail contact lens costs over allowance, less 10% discount
  - Reimbursed up to $105.00
- **Medically Necessary Prior Approval Required**
  - Covered up to U&C Amount, $15.00
  - Reimbursed up to $210.00

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This is intended as an easy-to-read summary and provides a general overview of your benefits. It is not a contract.

To find a Heritage provider, visit [heritagevisionplans.com](http://heritagevisionplans.com), no login required.

Questions? Call **800.252.2053**.
Eligibility
Your eligibility to participate in this plan is determined by your employer or group. Contact your benefit manager for eligibility rules.

Limitations
This plan is designed to cover eye examinations and corrective eyewear. It is also designed to cover visual needs rather than cosmetic options. Should you select options that are not covered under your plan, as shown in the vision benefits at a glance, you will pay a discounted fee to the participating provider, when applicable. Benefits are payable only for services received while your coverage is in force.

Exclusions:
- Non-Prescription Lenses
- Medical or surgical treatment of the eyes, including drugs and/or medications
- Replacement of lost or broken lenses or frames
- Vision training
- Services provided as a result of any workers' comp law, or similar legislation, or required by any governmental agency or program whether federal or state
- Two pairs of glasses instead of bifocals
- Parts or repair of frame not covered under manufacturers’ warranty
- Services not visually necessary
- Corrective vision services, treatments and materials of an experimental nature
- Safety lenses (3mm) and/or frame with side shields
- Services not specified in scope of coverage
- Services or materials provided by any other group plan providing vision care
- Services rendered after the date an insured person ceases to be covered under the policy, except when materials ordered before coverage ended are delivered
- Benefits cannot be combined with any discount or promotional offering
- Fees charged for non-covered services and materials must be paid in full to the provider

Termination Provisions
Coverage will end on the earliest of: the date the policy ends, the date your employment ends, or the date you are no longer eligible.

Notes and Disclaimers
- The contact lens allowance may be used all at once, or throughout the plan year as needed, and may be applied toward contact lenses only
- Refractive Laser Surgery is considered an elective procedure, and may involve potential risks to patients. Heritage is not responsible for the outcome of any refractive surgery
- Discounts are not insured benefits
- ID cards are not required for services
- Other disclaimers may apply

Using an Out of Network Provider
Here are the steps to take if you choose to use an out of network provider:

1. Call our Customer Service Center toll free at 800.252.2053 to verify your eligibility.
2. Make an appointment with the provider of your choice.
3. When the examination is complete and you have been fitted for necessary eyeglasses or contact lenses, pay the charges in full.
4. Request an itemized receipt.
5. Complete a Heritage Reimbursement Claim Form that can be accessed on our website, heritagevisionplans.com or by calling our Customer Service Center toll free at 800.252.2053.
6. Submit the completed Heritage Reimbursement Claim Form along with your itemized receipt(s) using one of these methods:
   - Mail to: Heritage Vision Plans, Inc. Attention: Claim Processing One Woodward Avenue, Suite 2020 Detroit, MI 48226 Fax to: 313.863.1189 Email to: eligibility@heritagevisionplans.com
7. Out of network benefits are subject to the same eligibility, frequency, limitation and exclusion provisions of the plan, and are in lieu of in network services.