

Heritage Vision Benefits at a Glance

DETROIT PUBLIC SCHOOLS COMMUNITY DISTRICT

CORE PLUS PLAN - SELECT NETWORK

Exam, Frame, Lens (or Contact Lens) Frequency once every 12 Months
Covers Dependent Children to age 19 (end of month), or 25 if FT Student

SERVICES ¹	NETWORK COVERAGE	OUT OF AREA REIMBURSEMENT ^{4,5}
EYE EXAM		
Comprehensive Eye Exam Does not apply to contact lens fitting expenses	100% Covered, No Co-Pay	Reimbursed up to \$39.00
FRAME		
Frame²	\$50.00 Retail Allowance Member pays retail frame costs over \$50.00, less 20% discount on balance over \$50.00 ³	Reimbursed up to \$34.00
LENSES		
Standard Plastic Lenses		
Single Vision	100% Covered, No Co-Pay	Reimbursed up to \$26.00
Bifocal	100% Covered, No Co-Pay	Reimbursed up to \$45.00
Trifocal	100% Covered, No Co-Pay	Reimbursed up to \$55.00
Lenticular	100% Covered, No Co-Pay	Reimbursed up to \$65.00
Lens Options		
Tint Therapeutic Rose 1 & 2	100% Covered, No Co-Pay	N/A
Non-Covered Lens Options	20% Discount Granted for lens options not covered by the plan ³	N/A
CONTACT LENS SERVICES (IN LIEU OF EYEGLASS EXAM AND EYEGLASSES)		
The contact lens benefit includes the exam and contact lenses		
Comprehensive Eye Exam for Contacts	\$45.00 Retail Allowance Member pays retail contact costs over \$45.00	Reimbursed up to \$39.00
Contact Lenses	\$45.00 Retail Allowance Member pays retail contact costs over \$45.00	Reimbursed up to \$45.00

¹You are eligible for eyeglasses OR contact lenses, not both, once every 12 months.

²In-program frames include a one year manufacturers' warranty.

³Preferred pricing discounts may not be available for certain frame brands, or lens options, as determined by the manufacturer or where prohibited by law.

⁴Out of area reimbursement available to members having no participating provider within 25 miles of residence. Prior approval required.

⁵Claims for out of area reimbursement must be filed within six months of service date.



20% off additional pairs at any network provider with initial purchase



15% Off LASIK available through LasikPlus®

This is intended as an easy-to-read summary and provides a general overview of your benefits. It is not a contract. Other exclusions and limitations may apply. To find a Heritage Vision Provider, please call **800.252.2053** or log on to heritagevisionplans.com.