

Heritage Vision Benefits at a Glance

DETROIT PUBLIC SCHOOLS COMMUNITY DISTRICT

PREMIUM PLAN – NATIONAL 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	NETWORK COVERAGE	OUT OF NETWORK ^{6,7}
EYE EXAM		
Comprehensive Eye Exam Does not apply to contact lens fitting expenses	100% Covered, \$10.00 Co-Pay	Reimbursed up to \$25.00
FRAME		
Frame	\$130.00 Retail Allowance Member pays retail frame costs over \$130.00, less 20% discount on balance over \$130.00 ² Wal-Mart/Sam's EDLP Frames Level 3 (\$75.00) ³	Reimbursed up to \$50.00
LENSES		
Standard Plastic Lenses		
Single Vision	100% Covered, \$15.00 Co-Pay	Reimbursed up to \$25.00
Bifocal	100% Covered, \$15.00 Co-Pay	Reimbursed up to \$35.00
Trifocal	100% Covered, \$15.00 Co-Pay	Reimbursed up to \$45.00
Lenticular	100% Covered, \$15.00 Co-Pay	Reimbursed up to \$65.00
Standard Progressive	100% Covered, \$60.00 Co-Pay⁴	Reimbursed up to \$35.00
Lens Options		
Non-Covered Lens Options	20% Discount Granted for lens options not covered by the plan ²	N/A
CONTACT LENS SERVICES		
Contact Fitting and Lenses¹		
Standard Contact Fitting	100% Covered, \$55.00 Co-Pay	N/A
Specialty Contact Fitting	10% Discount³	N/A
Elective Contact Lenses	\$130.00 Retail Allowance Member pays retail contact costs over \$130.00, less 10% discount on balance over \$130.00 ^{3,5}	Reimbursed up to \$105.00
Medically Necessary Prior Approval Required	100% Covered, \$15.00 Co-Pay Covered up to U&C Amount	Reimbursed up to \$210.00

¹You are eligible for contact lenses or eyeglasses, not both, in any plan year.

²Preferred pricing discounts may not be available for certain frame brands, or lens options, as determined by the manufacturer or where prohibited by law.

³If you choose to receive services at Walmart Vision Centers or Sam's Club Optical locations, please note that the "Everyday Low Price" (EDLP) frame benefit level differs from other providers in the network. Additionally, due to Walmart's heavily discounted prices, there are no added preferred pricing discounts on non-covered upgrades, options, fitting fees, contact lenses, or additional prescription eyeglass or sunglass purchases at these locations.

⁴If you choose a Premium, Ultra or Custom Progressive lens, you are responsible for the co-pay, plus 80% of the difference between the standard and chosen progressive type.

⁵Discount may not apply to disposable contact lenses.

⁶If you use the services of an in-network provider but take advantage of a sale, coupon, or other in-store special, the provider may require that you pay in full and submit your itemized receipt for reimbursement at the out-of-network reimbursement rates.

⁷Claims for 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.