

# Heritage Vision Benefits at a Glance

## Detroit Public Schools Community District

Exam Benefit Frequency is once every 12 Months (from date of last service)

Eyeglasses or Contact Lens Benefit Frequency is once every 24 Months (from date of last service)\*

COVERED SERVICES <sub>1</sub>	IN-NETWORK COVERAGE	OUT-OF-NETWORK REIMBURSEMENT <sub>4</sub>
<b>Comprehensive Eye Exam for Glasses</b>	100% Covered, <b>No Co-Pay</b>	Reimbursed up to <b>\$39.00</b>
<b>Frames:</b>		
<b>Frames<sub>2</sub></b> Member has choice of frames	<b>\$50.00</b> Retail Allowance Member pays retail frame costs over \$50.00 less 20% preferred pricing discount <sub>3</sub>	Reimbursed up to <b>\$34.00</b>
<b>Lenses: Standard Plastic</b>		
<b>Single Vision</b>	100% Covered, <b>No Co-Pay</b>	Reimbursed up to <b>\$26.00</b>
<b>Bifocal</b>		Reimbursed up to <b>\$45.00</b>
<b>Trifocal</b>		Reimbursed up to <b>\$55.00</b>
<b>Lenticular</b>		Reimbursed up to <b>\$65.00</b>
<b>Lens Options and Upgrades:</b>		
<b>Tint:</b> Therapeutic Rose #1 & #2	100% Covered, <b>No Co-Pay</b>	<b>N/A</b>
<b>Lens Enhancements:</b> Thinner Lenses • Polycarbonate • U.V. Coating Anti-Reflective Coating • Transitions • Etc.	<b>20% Preferred Pricing Discount</b> granted for eyeglass lens options and upgrades not covered by the plan <sub>3</sub>	<b>N/A</b>
<b>Contact Lenses: (in lieu of eyeglass exam and eyeglasses)</b>		
The Contact Lens Benefit includes the Contact Exam and Contact Lenses		
<b>Comprehensive Eye Exam for Contacts</b>	<b>\$45.00</b> Retail Allowance Member pays retail contact exam costs over \$45.00	Reimbursed up to <b>\$39.00</b>
<b>Contact Lenses</b>	<b>\$45.00</b> Retail Allowance Member pays retail contact lens costs over \$45.00	Reimbursed up to <b>\$45.00</b>

<sub>1</sub> You are eligible for eyeglasses OR contact lenses, **not both**, once every 24 months from date of last service.

<sub>2</sub> In-program frames include a one year manufacturers' warranty.

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

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

\*Children (under age 19) may receive new lenses once every 12 months with a prescription change of  $\pm .50$  diopters or more.

### Additional In-Network Discounts

20% discount off an additional prescription Eyeglass or Sunglass (2<sup>nd</sup> pair) purchase made during the initial visit.

15% Discount off Retail Price (or 5% off Promotional Pricing) on Lasik Refractive Surgery through the LCAV nationwide network.



This is intended as an easy-to-read summary and provides a general overview of benefits. It is not a contract. Additional exclusions and limitations may apply. To find a Heritage Vision Provider, please call **800.252.2053** or log on to the Heritage Website at [heritagevisionplans.com](http://heritagevisionplans.com).