

# Heritage Vision Benefits at a Glance



Exam and Material Benefit Frequency is once every **24 Months** (from date of last service)

COVERED SERVICES	IN-NETWORK COVERAGE
	In-Network Coverage is available to members at over <b>155 Heritage Participating Provider Locations</b>
<b>Comprehensive Eye Exam</b> (Does not apply to Professional fees for Contact Lens Fitting)	100% Covered, <b>No Co-Pay</b>
<b>Frames: (Choice of One)</b>	
<b>Standard (Covered) Frames</b>	100% Covered, <b>No Co-Pay</b>
<b>Premium Frames</b>	<b>\$45.00</b> Retail Frame Lens Allowance (Member pays all Retail Frame expenses <u>over</u> \$45.00)
<b>Lenses: (Choice of One) <i>Covered Material = Standard Plastic CR-39</i></b>	
<b>Single Vision</b>	100% Covered, <b>No Co-Pay</b>
<b>Bifocal</b>	
<b>Trifocal</b>	
<b>Lenticular or Myodisc</b>	
<b>Lens Options:</b>	
<b>Tint</b> (Therapeutic Rose Tint #1 or #2)	100% Covered, No Co-Pay
<b>Lens Options and Upgrades:</b> Thinner Lenses • Scratch Coating • U.V. Coating Anti-Reflective Coating • Transitions • Etc.	A <b>20% Preferred Pricing Discount</b> will be granted for <b>ALL</b> eyeglass lens options and upgrades <u>not</u> covered by the plan.
<b>Contact Lenses: (in lieu of eyeglasses) <i>Benefit may be applied to: Contact Lenses, Fitting and/or Follow-up</i></b>	
<b>Elective / Cosmetic Contacts<sup>1</sup></b> (Disposable & Conventional Soft/Hard)	<b>\$70.00</b> Retail Contact Lens Allowance (Member pays all Retail Contact Lens expenses <u>over</u> \$70.00)
<b>Medically Necessary Contacts<sup>1</sup></b> <a href="#"><i>Contact Lenses Prescribed to treat specific Medical Conditions or Diseases of the eye</i></a>	100% Covered up to Approved U&C Amount, <b>No Co-Pay</b>  (Prior Approval is required to Authorize M.N. Contacts)

<sup>1</sup>You are eligible for contact lenses **OR** eyeglasses, not both, in any (24 month) Plan Year.

Exclusions (Not Covered)
<ul style="list-style-type: none"> <li>• Vision Training</li> <li>• Non-Prescription Lenses</li> <li>• Two pairs of Glasses instead of bifocals</li> <li>• Replacement of lost or broken lenses or frames</li> <li>• Medical or surgical treatment of the eyes</li> <li>• Services covered under Worker's Comp.</li> </ul>