

Heritage Vision Benefits at a Glance

Detroit Public Schools, DFT, Board of Education

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)

D.A.E.O.E. may receive new lenses once every 12 month with a prescription change.

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

COVERED SERVICES	IN-NETWORK COVERAGE	OUT-OF-AREA MEMBER REIMBURSEMENT
	In-Network Coverage is available to members at over 150 Heritage Participating Provider Locations	
Comprehensive Eye Exam for Eyeglasses (Does not apply to Contact Lens Exam)	100% Covered, No Co-Pay	Reimbursed up to \$39.00**
Frames:		
Frames (Members have Choice of Frames)	\$50.00 Retail Allowance, No Co-pay A 20% Discount will be applied to member's balance for frames exceeding the \$50.00 allowance	Reimbursed up to \$34.00**
Lenses (Per Pair): Choice of One <i>Covered Material = Standard Plastic CR-39</i>		
Single Vision	100% Covered, No Co-Pay	Reimbursed up to \$26.00**
Bifocal		Reimbursed up to \$45.00**
Trifocal		Reimbursed up to \$55.00**
Lenticular		Reimbursed up to \$65.00**
Lens Options and Upgrades:		
Tint (Therapeutic Rose Tint #1 or #2)	100% Covered, No Co-Pay	N/A
1 Year Frame Warranty (1 year U&C manufacturer's warranty)	100% Covered, No Co-Pay	N/A
Other Lens Options / Upgrades: Thinner Lenses, Scratch Coat, Anti-Reflective Coat UV Protection, Transitions, Polarization, etc.	A 20% Preferred Pricing Discount will be granted for <u>all</u> lens upgrades (materials types, coatings and other options) not covered by the plan.	N/A

OR

Contact Lenses: \$90.00 Total Allowance towards: Exam, Fitting and Contact Lenses		
Comprehensive Eye Exam¹ for Contact Lenses (Applies to Contact Lens Exam and Fitting)	\$45.00 Retail Allowance (Member pays retail contact exam costs <u>over</u> \$45.00)	Reimbursed up to \$55.00**
Contacts Lenses¹ (includes disposables)	\$45.00 Retail Allowance (Member pays retail contact lens costs <u>over</u> \$45.00)	

¹You are eligible for contact lenses **OR** eyeglasses, not both, in any Plan Year.

Additional In-Network Discounts
<ul style="list-style-type: none"> 20% off an additional prescription Eyeglass or Sunglass purchase (within 30 days)

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