

# Heritage Vision Benefits at a Glance

## Lansing Community College - Voluntary

Exam and Eyeglasses or Contact Lens Benefit Frequency is once per Calendar Year

SERVICES	IN-NETWORK COVERAGE	OUT-OF-NETWORK REIMBURSEMENT
<b>Comprehensive Eye Exam</b> (Does not apply to Contact Lens Exam)	100% Covered, <b>\$6.50 Co-pay</b>	Reimbursed up to \$38.00
<b>Frames:</b>		
<b>Frames</b>	\$100.00 Retail Allowance, <b>No Co-pay</b> (Member pays all expenses over \$100.00)	Reimbursed up to \$44.00
<b>Lenses (Per Pair): Choice of One</b> <i>Covered Material = Plastic or Glass</i>		
<b>Single Vision</b>	100% Covered, <b>\$18.00 Co-pay</b>	Reimbursed up to \$29.00
Tinted		Reimbursed up to \$33.00
Polaroid		Reimbursed up to \$47.00
<b>Bifocal</b>	100% Covered, <b>\$18.00 Co-pay</b>	Reimbursed up to \$51.00
Tinted		Reimbursed up to \$61.00
Polaroid		Reimbursed up to \$81.00
<b>Trifocal</b>	100% Covered, <b>\$18.00 Co-pay</b>	Reimbursed up to \$63.00
Tinted		Reimbursed up to \$75.00
Polaroid		Reimbursed up to \$101.00
<b>Lenticular</b>	100% Covered, <b>\$18.00 Co-pay</b>	Reimbursed up to \$75.00
Tinted		Reimbursed up to \$89.00
Polaroid		Reimbursed up to \$119.00
<b>Blended Bifocal</b>	100% Covered, <b>\$18.00 Co-pay</b>	N/A
<b>Lens Options:</b>		
<b>UV Protection</b>	100% Covered, <b>No Co-pay</b>	N/A
<b>Other Lens Options/Upgrades:</b>	<b>A 20% Preferred Pricing Discount will be granted for all eyeglass lens options <u>not</u> covered by the plan.</b>	N/A
<b>Contact Lenses: (in lieu of Exam, Frame and Lenses)</b>		
• The Contact Lens Benefit may be applied to <b>Contact Expenses</b> , including: Contact Exam, Lenses and Professional Fitting		
<b>Elective / Cosmetic</b> <sup>1</sup> (\$125.00 Retail Allowance)	\$125.00 Retail Allowance, <b>No Co-pay</b> (Member pays all expenses over \$125.00)	Reimbursed up to \$90.00
<b>Medically Necessary</b> <sup>1</sup> <i>(Prior Approval must be obtained to establish Medical Necessity)</i>	100% Covered, <b>No Co-pay</b>	Reimbursed up to \$175.00

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

### Additional In-Network Discounts

- 20% off an additional prescription Eyeglass or Sunglass (2<sup>nd</sup> pair) purchase.

### Fully Insured Rates\*\*

Coverage	Monthly	Annual
<b>Single:</b>	<b>\$6.15</b>	<b>\$73.80</b>
<b>2-Person:</b>	<b>\$10.10</b>	<b>\$121.20</b>
<b>Family:</b>	<b>\$16.55</b>	<b>\$198.60</b>

\*\*Based on a monthly composite rate of \$11.64.  
(The same composite rate proposed for the full-time population)