Eyetopia (120/145)

General Example ONLY, please contact your HR Department for your specific plan description.

Eyetopia Vision Care Benefits	Co-pay[1]
Vision Examination. You are eligible for one vision examination every twelve (12) months.	$10.00
Vision Correction Options. Eyetopia Vision Care provides you with three (3) options for correcting your vision. You may select one of the following every 12 months:	
Prescription Eye Wear (lenses and/or frame)[2, 3] ♦Standard Prescription Lenses – covered 100% ♦Non-coated CR-39 plastic single vision, bifocal, trifocal or standard Progressive lenses.	$20.00
♦ Standard Ultra Violet Protection Coating ♦ Standard Tints (Gradient and Solid) ♦ Standard Scratch Resistance Coating ♦ Standard Polycarbonate upgrade ♦ Standard Anti-reflectant Coating ♦ Standard Warranted Anti-reflectant Coating	$12.00 $12.00 $15.00 $35.00 $45.00 $65.00
♦ **Frame**: The member may select any frame on display. Eyetopia Vision Care provides an allowance of $120.00 to be applied toward the frame selected. The member pays any amount exceeding the $120.00 allowance.	
Contact Lens Option. Eyetopia Vision provides a $145.00 allowance to be applied toward the Participating Provider's usual and customary (U&C) fees toward prescription contact lenses.[3] ♦ This allowance is applied toward the contact lens fitting fee[4] and all other charges related to the contact lens option including but not exclusive to follow-up visits and contact lenses. Medically necessary contact lenses - $400.00 total allowance[5]	$20.00
Refractive Surgery Option.[6, 7] You may select refractive surgery instead of spectacles or contact lenses during each plan period. Eyetopia Vision Care provides a $350.00 per eye allowance toward the fees for refractive surgery, for the following procedures: PRK, CK, LASIK, LASEK, INTACS, CLE, or ICL.	$0.00

The co-pay must be paid to the Participating Provider at the time of service.

[2]Special Lens Materials: The member may select special lens materials (transition, ultra light, premium PALs, etc.) provided they pay any amount exceeding the participating provider's U&C fees for the covered lenses.

[3] Non-covered items: Any items not specifically mentioned above, including but not exclusive to rush service, service agreements, special lens materials, oversize and other extras are paid for by the patient at the time of service.

[4] To qualify as medically necessary an applicable medical diagnosis must be provided.

[5] Non-covered Items and Exclusions – Facility fees, medications and enhancements or treatments related to complications.

[6] Access to surgeons must come by referral from a Primary Eye Care Provider who provides pre and post-op care and counseling.

[7.] If the contact lens exam or "fitting" is performed and the patient decides against getting contact lenses, the patient is responsible for the cost of the contact lens fitting fee.

Exclusions & Limitations

Included Services and/or Eyewear. Only those professional vision care services and/or vision correction options specifically referenced herein are included in the Eyetopia Vision Care.

In-Network coverage is available through Participating Providers. Out of network services are not covered.

Additional Professional Services and/or Vision Corrections. The member may select professional services and/or vision correction items not specifically referenced as included in Eyetopia Vision Care. However, these services and/or items are the member's responsibility at the Participating Provider's (U&C) charge, payable at the time of service.

For more information please contact customer service at 830 438-6296 or toll-free 800-662-8264
member@EyetopiaPlans.com or www.EyetopiaPlans.com