Eyetopia Gold (150/250)

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.	$5.00
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:	
1. Prescription Eye Wear (lenses and/or frame)[2,3] ♦ Prescription High Index or Polycarbonate single vision, bifocal, trifocal or standard[3] PAL Lenses – covered 100%. • Standard UV Coating • Standard Scratch Resistance	None
• Tint (Solid and Gradient) • Standard Anti-Reflective Coating • Warranted Anti-Reflective Coating	$12.00 $45.00 $65.00
♦ **Frame**: The member may select any frame on display. Eyetopia Vision Care provides an allowance of $150.00 to be applied toward the frame selected. The member pays any amount exceeding the $150.00 allowance.	None
2. **Contact Lens Option**: Eyetopia Vision provides a $250.00 allowance to be applied toward the Participating Provider's usual and customary (U&C) fees toward prescription contact lenses. ♦ This allowance can be applied toward the contact lens fitting fee and all other charges including follow-up visits and contact lenses.[3,4] ♦ Medically necessary contact lenses - $400 total allowance [5]	None
3. 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 $500.00 per eye allowance toward the fees for refractive surgery, for the following procedures: PRK, CK, LASIK, LASEK, INTACS, CLE, or ICL.[5] The member pays any amount exceeding the $500.00 per eye allowance.	None

[1] 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] 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.
[5.] To qualify as medically necessary an applicable medical diagnosis must be provided.
[6.] Non-covered Items and Exclusions – Facility fees, medications and enhancements or treatments related to complications.
[7.] Access to surgeons must come by referral from a Primary Eye Care Provider who provides pre and post-op care and counseling.

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 or of ordering.

For more information please contact customer service at 830-438-6296 or toll-free 800-662-8264
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