Heritage vision plans

VISION BENEFITS AT A GLANCE

UNIVERSITY OF DETROIT MERCY

PLAN EFFECTIVE 07/01/2021
CLIENT #4008-00 | GROUP #1010

SERVICES[1]	NETWORK COVERAGE	OUT OF NETWORK[4]
EYE EXAM & GLASSES		
Comprehensive Eye Exam	100% Covered, No Co-Pay	N/A
FRAME		
Frame	$165.00 Retail Allowance Member pays retail frame costs over allowance[2]	N/A
STANDARD LENSES		
Single Vision	100% Covered, No Co-Pay	N/A
Bifocal	100% Covered, No Co-Pay	N/A
Trifocal	100% Covered, No Co-Pay	N/A
Lenticular	100% Covered, No Co-Pay	N/A
Progressive, Standard	100% Covered, $50.00 Co-Pay	N/A
Progressive, Premium	80% of the difference between the standard and premium type, $50.00 Co-Pay	N/A
Lens Options		
Anti-Reflective Coating	20% Discount	N/A
Hi-Index	20% Discount	N/A
Mirror Coating	20% Discount	N/A
Photochromic/Transition, Single Vision	20% Discount	N/A
Photochromic/Transition, Multifocal	20% Discount	N/A
Polycarbonate. Child	20% Discount	N/A
Polycarbonate, Adult	20% Discount	N/A
Polarization	20% Discount	N/A
Scratch Coating	20% Discount	N/A
Tint, Solid	100% Covered	N/A
Tint, Gradient	20% Discount	N/A
UV Coating	20% Discount	N/A
Other Lens Options	20% Discount	N/A
OR		
EYE EXAM & CONTACT LENSES		
SERVICES[1]	NETWORK COVERAGE	OUT OF NETWORK[4]
Comprehensive Eye Exam & Fitting	$65.00 Retail Allowance Member pays retail exam & fitting costs over allowance	N/A
Contact Lenses	$100.00 Retail Allowance Member pays retail contact lens costs over allowance, less 10% discount[3]	N/A

This is intended as an easy-to-read summary and provides a general overview of your benefits. It is not a contract.

To find a Heritage provider, visit **heritagevisionplans.com,** login required.
Questions? Call **800.252.2053.**

Plan Information

Network	
Select	
Service Frequency	
Exam	Every 12 months
Frames	Every 24 months
Lenses	Every 12 months
Contacts	Every 12 months
Dependent Children	
Covered to age 26 (EOY)	

[1] You are eligible for lenses or contacts, not both, in any plan year.
[2] Includes one year manufacturer's warranty.
[3] Discount may not apply to disposable contact lenses.
[4] Services must be obtained from a Select Network Provider. Out of network reimbursement is not available.

BENEFITS SNAPSHOT

20%
savings on additional glasses from your Heritage provider, with initial purchase
*In Network Only

15% Off LASIK
available through LasikPlus®

Eligibility
Your eligibility to participate in this plan is determined by your employer or group. Contact your benefit manager for eligibility rules.

Limitations
This plan is designed to cover eye examinations and corrective eyewear. It is also designed to cover visual needs rather than cosmetic options. Should you select options that are not covered under your plan, as shown in the vision benefits at a glance, you will pay a discounted fee to the participating provider, when applicable. Benefits are payable only for services received while your coverage is in force.

Exclusions:

- Non-Prescription Lenses
- Medical or surgical treatment of the eyes, including drugs and/or medications
- Replacement of lost or broken lenses or frames
- Vision training
- Services provided as a result of any workers' comp law, or similar legislation, or required by any governmental agency or program whether federal or state
- Two pairs of glasses instead of bifocals
- Parts or repair of frame not covered under manufacturers' warranty
- Services not visually necessary
- Corrective vision services, treatments and materials of an experimental nature
- Safety lenses (3mm) and/or frame with side shields
- Services not specified in scope of coverage
- Services or materials provided by any other group plan providing vision care
- Services rendered after the date an insured person ceases to be covered under the policy, except when materials ordered before coverage ended are delivered
- Benefits cannot be combined with any discount or promotional offering
- Fees charged for non-covered services and materials must be paid in full to the provider

Termination Provisions
Coverage will end on the earliest of: the date the policy ends, the date your employment ends, or the date you are no longer eligible.

Notes and Disclaimers

- The contact lens allowance may be used all at once, or throughout the plan year as needed, and may be applied toward contact lenses only
- Refractive Laser Surgery is considered an elective procedure, and may involve potential risks to patients. Heritage is not responsible for the outcome of any refractive surgery
- Discounts are not insured benefits
- ID cards are not required for services
- Other disclaimers may apply

Cost		
COVERAGE Cost Shown are Per Pay	26 Pay Professors, Administrators, & Staff Bi-Monthly Cost per 24 Pays	20 Pay Professors Bi-Monthly Cost per 20 Pays
Employee	$3.04	$4.06
Employee +1	$5.00	$6.67
Employee + Family	$6.30	$8.40

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