



Heritage

vision plans

VISION BENEFIT HANDBOOK

Vision Benefit Website: heritagevisionplans.com

UNIVERSITY OF DETROIT MERCY
PLAN EFFECTIVE 07/01/2021
CLIENT #4008-00 | GROUP #1010

WELCOME.

Thank you for choosing Heritage Vision Plans

We are glad to have you as a member of the Heritage Vision Plans family. Heritage is a vision benefit management company that is dedicated to providing exceptional service, world-class quality and an extensive provider network.

Heritage is committed to the quality, reliability and service excellence that makes us successful. Our goal is to provide you with the best in eye care.

We provide this handbook to help you receive maximum value from your vision benefit.

If you have questions that are not answered here, please call us toll free

800.252.2053

or Email us at:

corporate@heritagevisionplans.com

Cordially,

Heritage Vision Plans, Inc.

This handbook covers important topics such as: what services are covered, accessing a provider, member rights and privacy practices.



CONTENTS

SECTION I: USING YOUR VISION BENEFITS

- Page 1 Heritage Benefits at a Glance
- Page 2 Using a Heritage Provider & Preferred Pricing Discount

SECTION II: YOUR VISION BENEFIT PLAN

- Page 3 Eligibility, Scope of Coverage & Guaranteed Renewable
- Page 4 Limitations, Exclusions, Termination Provisions,
& Notes and Disclaimers
- Page 5 Claim Appeals, Unresolved Concerns & Legal Actions
- Page 6 Member Rights and Responsibilities & Entire Contract

SECTION III: ADDITIONAL RESOURCES

- Page 7 Heritage Member Website
- Page 8 Frequently Asked Questions (FAQs)



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

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)

¹You are eligible for lenses or contacts, not both, in any plan year.

²Includes one year manufacturer's warranty.

³Discount may not apply to disposable contact lenses.

⁴Services 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®

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**.

Section I USING YOUR VISION BENEFITS

Using a Heritage Provider

Here are the steps to take:

1. Select a Heritage provider. The list can be accessed on our website:
heritagevisionplans.com
or by calling our Customer Service Center toll free at
800.252.2053
2. Make an appointment with the provider of your choice. Identify the name of your employer or group and indicate you have coverage through Heritage Vision Plans. The provider will ask for your name, date of birth and ID number.
3. The provider will verify eligibility.
4. When the examination is complete and you have been fitted for necessary glasses or contact lenses, the provider will explain any additional charges that you may have to pay.
5. The provider will take care of all the paperwork.

Preferred Pricing Discount

Heritage members may receive Preferred Pricing Discounts on options and upgrades not covered by the plan at Heritage provider locations. These discounts may not be combined with any other discounts, in-store sales or promotional offers and may not apply to professional services or contact lenses.

Heritage providers help, you maximize benefits and reduce out-of-pocket costs.



Section II YOUR VISION BENEFIT PLAN

Eligibility

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

Scope of Coverage

Your scope of coverage is determined by your employer or group. The Heritage Vision Benefits at a Glance (page 1) indicates what services are covered, how often each covered service can be used and what you can expect to pay when receiving services from a Heritage provider.

Guaranteed Renewable

Coverage is guaranteed renewable. Coverage may only be terminated for the following reasons:

- a) Fraud
- b) Intentional misrepresentation of material fact
- c) A rescission for a non-prohibited reason
- d) The participant moves outside the service area
- e) The Group fails to remit Group Premiums

A grace period of 10 days will be granted for the payment of each premium.

Your eyes have to last a lifetime, and we want to do our part in helping you keep them healthy.



Section II YOUR VISION BENEFIT PLAN

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

Section II **YOUR VISION BENEFIT PLAN**

Claim Appeals

If a claim is denied, in whole or in part, Heritage will notify you of the reasons for denial. Within 60 days after the date of the denial notice, you may make a written request for review of the denial. The request must include any and all supporting documentation. The claim will be reviewed and you will be notified of the decision.

Submit claim appeals to:

Heritage Vision Plans, Inc.
Attention: Claim Appeals Manager
One Woodward Avenue, Suite 2020
Detroit, MI 48226

Unresolved Concerns

If you are not satisfied with Heritage Vision Plans' resolution of any customer service issue you may have, please contact your Human Resources Department representative. After exhausting all avenues to have your concerns satisfactorily addressed, you may file for an external appeal with the Department of Insurance and Financial Services (DIFS). The request must be made within 127 days of Heritage's final decision. To file, contact:

Department of Insurance and Financial Services
Office of General Counsel
HealthCare Appeals Section
530 W. Allegan ST., 7th Floor
Lansing, MI 48933-1521

Or, file on-line at the following:

<https://difs.state.mi.us/Complaints/ExternalReview.aspx>

Legal Actions

No action of law or in equity shall be brought to recover on this policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this policy. No such action shall be brought after the expiration of 3 years after the time written proof of loss is required to be furnished.

Section II **YOUR VISION BENEFIT PLAN**

Heritage will keep all personally identifiable information and vision service records confidential. Heritage protects patient information according to HIPAA rules.

Member Rights and Responsibilities

- Members may be required to cooperate in the subrogation and coordination of benefits.
- Benefits may not be assigned.
- Members shall notify their employer or group in case of address change.
- Members shall have the right to inspect and review their vision service records.

Privacy Rights

If you would like to request a copy of our Notice of Privacy Practices, contact us at:

Heritage Vision Plans, Inc.

Attention: Privacy Officer/Provider Manager

One Woodward Avenue, Suite 2020

Detroit, MI 48226

Phone: **800.252.2053**

Email: **corporate@heritagevisionplans.com**

Provider Information

Information about any Heritage provider is available from Heritage Vision Plans at the above listed address.

Non-Discrimination

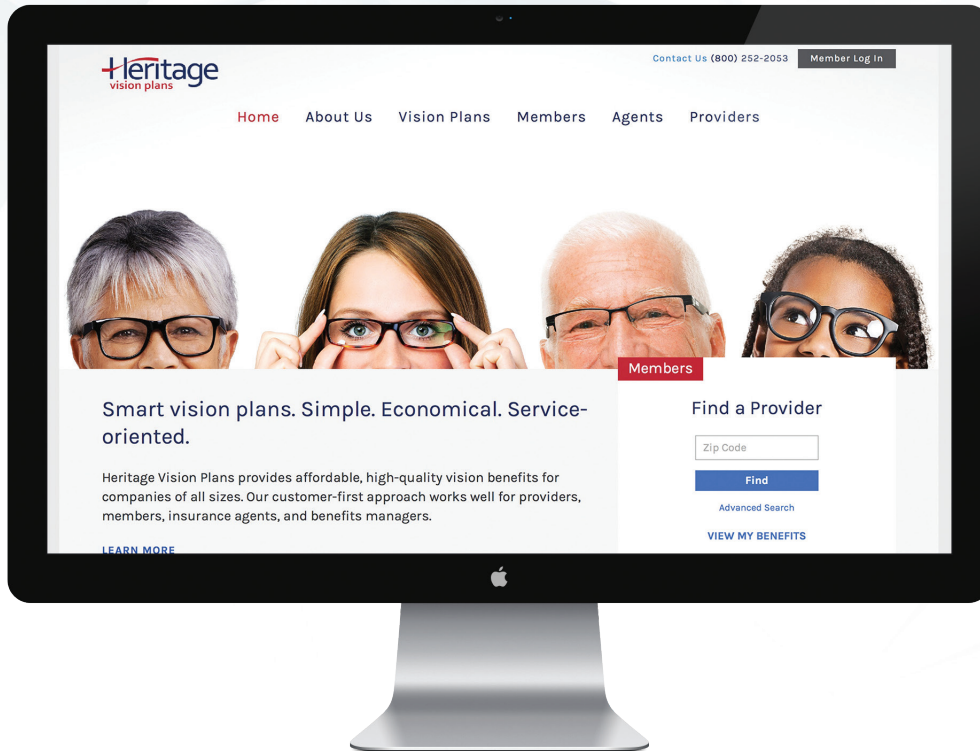
Heritage Vision Plans does not discriminate on the basis of race, color, creed, national origin, residence within the approved service area, lawful occupation, sex, handicap, or marital status.

Entire Contract

This booklet, along with any attachments, including the application constitutes the entire contract between the member and Heritage Vision Plans. No changes will be effective without the written consent of an officer of Heritage Vision Plans.

Section III ADDITIONAL RESOURCES

Heritage Member Website



Step 1: Go to the Heritage Vision Plans Website
heritagevisionplans.com

Step 2: Select Member Login
Click the **"Member Login"** link in the upper right corner of the web page.

Step 3: Register / Login
At the secure "Member Web Portal", select the "Register Now" button and proceed to enter your subscriber ID (found on your ID card) or the last 4 digits of your SSN and Date of Birth. After registering, you may "Login" to access your benefit and eligibility information, claim history, print an ID card and find a provider.

New User

[Register Now](#)

Please "Register" to create a "user name" and "password" which will allow you to login

Returning Users

[Login](#)

[Forgot your User Name or Password?](#)

(Snapshot of login form on Member Portal)

Section III **continued**

Frequently Asked Questions (FAQs)

Q: Who should I call if I have questions about my plan?

A: You may call our Customer Service Center toll free at **800.252.2053**
Monday – Friday: 9am – 8pm,
Saturday: 9am – 4pm

Q: Who is eligible for this plan and can I cover my dependents?

A: Eligibility to participate in this plan is determined by your employer or group. See your benefit manager for eligibility rules.

Q: What does my plan cover?

A: Your plan covers most basic vision services and offers discounts on other products purchased from Heritage providers. Refer to your Benefits at a Glance.

Q: Do I need an ID card?

A: No ID card is needed to obtain vision services. Simply give the Heritage provider your identifying information (name, date of birth, and the name of your employer or group).

Q: How can I obtain a list of Heritage providers?

A: The list can be accessed on our website:
heritagevisionplans.com
or by calling our Customer Service Center toll free
800.252.2053

Q: Do I have to change my vision provider?

A: If your provider participates in your plan, no change is necessary.

Q: Do I have to select a doctor when I sign up for vision?

A: No. Once you are eligible for the plan, simply select a provider from the Heritage network.

Q: Do all Heritage providers have the same frame selection?

A: No. Frame selections vary by location and each offers a wide variety of styles to choose from.

Section III **continued**

Q: Can I get both contact lenses and glasses?

A: You may be eligible to receive contact lenses and glasses as a covered benefit in the same plan year. Refer to your Benefits at a Glance.

Q: Will I need a reimbursement claim form?

A: When you visit a Heritage provider all of the paperwork will be handled. There is nothing for you to fill out or send in.

Q: Can I get medically necessary contact lenses?

A: If your plan covers medically necessary contact lenses and your provider determines they are required, you may be eligible if one of the following conditions applies*:

- Keratoconus
- irregular astigmatism
- irregular corneal curvature
- post cataract surgery
- significant anisometropia
- extreme visual acuity problems not correctable with spectacle lenses

*Prior Approval Required

Q: Is Lasik a covered or partially covered benefit?

A: A discount is available for Lasik Refractive Surgery at designated locations. For details please visit:

heritagevisionplanslasik.com

or by calling our Lasik partner toll free at

855.373.2020

Q: If I need medical or surgical treatments for eye disease or eye injury, should I go to a Heritage provider?

A: Coverage for eye disease or eye injury is not a benefit under this plan. If you need help locating a medical provider, please contact your health plan. If you have a medical emergency, call 911 or go to the nearest emergency center.



Customer Service Center

One Woodward Avenue | Suite 2020 | Detroit, MI 48226

Email: corporate@heritagevisionplans.com

800.252.2053 | heritagevisionplans.com