

Heritage Vision Benefits at a Glance

UNIVERSITY OF DETROIT MERCY

PLAN EFFECTIVE 07/01/2019

CLIENT# 4008-00|GROUP# 1010



Service Frequency:

Exam & Lenses (or Contacts) once every 12 Months; Frame once every 24 Months

Plan Network: Select

Dependent Coverage: Covered to age 26 (end of calendar year)

SERVICES ¹	NETWORK COVERAGE ²
EYE EXAM	
Comprehensive Eye Exam Does not apply to contact lens exam	100% Covered, No Co-Pay
FRAMES	
Frames Includes one year manufacturer's warranty	\$165.00 Retail Allowance Member pays retail frame costs over allowance
LENSES	
Standard Plastic Lenses:	
Single Vision	100% Covered, No Co-Pay
Bifocal	100% Covered, No Co-Pay
Trifocal/Lenticular	100% Covered, No Co-Pay
Progressive	100% Covered, \$50.00 Co-Pay
Standard Lens Options	
Tint One Solid Color	100% Covered, No Co-Pay
Other Lens Options	20% Discount Granted for lens options not covered by the plan
OR	
EYE EXAM & CONTACT LENSES	
Exam and Contacts: \$165.00 Allowance	
Comprehensive Eye Exam for Contact Lenses Applies to contact exam and fitting	\$65.00 Retail Allowance Member pays retail exam & fitting costs over allowance
Contact Lenses	\$100.00 Retail Allowance Member pays retail contact lens costs over allowance

¹You are eligible for lenses or contacts, not both, every 12 months.

²Services must be obtained from a participating Select Network provider.



20% savings on additional glasses from your Heritage provider with initial purchase



15% Off LASIK available through LasikPlus®

Rates

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

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

To find a Heritage Vision Provider, please call **800.252.2053** or log on to **heritagevisionplans.com**.