

Eyetopia Vision Care Benefits	Co-pay ¹
Eyetopia provides two vision benefits each eligibility period. By coordinating your coverage with your health insurance wellness eye exam you have the opportunity to maximize your Eyetopia benefits.	
BENEFIT ONE (choose either one of the following 2 options every 12 months):	
1. Routine Refractive Exam	\$5.00
2. \$65 allowance toward medical eye exam copay, just the refraction (CPT code 92015) or other services or materials. ²	
BENEFIT TWO If your prescription has changed at least ½ diopter or your eye doctor recommends a change of lenses, you may select one of the following three (3) options for correcting your vision every 12 months:	
1a. Prescription Lenses (Not using an Eyetopia Lab) ^{3,5} Single vision, bifocal or trifocal lenses in polycarbonate, Trivex®, 1.60 or 1.67 index plastic that also include a basic anti-reflective coating are covered 100%. Progressive no-line lenses (PAL) are covered up to \$120.00. • Mid-Range Anti-Reflective Coating • Premium Anti-Reflective Coating ^{3,4}	None \$65.00 Note 4
1b. Prescription Lenses from an Eyetopia Lab ⁵ Bi-focal, Tri-focal, high definition single vision or Progressive (no line) lenses in polycarbonate, Trivex®, 1.60 or 1.67 index plastic including a premium 2 year warranted anti-reflective coating are covered 100%. • Eyetopia Labs premium blue light blocking, high definition with premium AR coating.	None \$50
Additional upgrades for lenses from any lab source • Tint (Solid and Gradient) • Transition or Polarized Lenses ³	\$12.00 Note 3
♦ Frame: The member may select any frame on display. Eyetopia Vision Care provides an allowance of \$150 to be applied toward the frame selected. The member pays any amount exceeding the \$150 allowance.	None
2. Contact Lens Option Eyetopia Vision provides a \$250 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. ^{5,6} ♦ Medically necessary spectacle or contact lenses - \$400 total allowance	None
3. Refractive Surgery Option. ^{8,9} You may select refractive surgery instead of spectacles or contact lenses during each plan period. Eyetopia Vision Care provides a \$500 per eye with contracted surgeons or a \$125 per eye allowance with non-contracted surgeons toward the fees for refractive surgery care, for the following procedures: LASIK, ASA, ICL or RLE. The member pays any amount exceeding the per eye allowance.	None

¹ The co-pay must be paid to the Participating Provider at the time of service.

² When Health Insurance Carriers offer an annual wellness eye exam it creates an overlap in benefits for Eyetopia Members. If this occurs, the Member may choose another option under Benefit One as described, no co-pay is required to exercise these other options.

³ 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.

⁴ The charge for Premium AR Coating is a \$65 co-pay plus the difference of the retail price of the Mid-Range AR Coating and Premium.

⁵ 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.

⁶ 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.

⁷ The Participating Provider must pre-authorize medical necessity.

⁸ Non-covered Items and Exclusions – Facility fees, medications and enhancements or treatments related to complications.

⁹ 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 Eye Wear. 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.

Emp- \$20
E+1- \$37
E+Ch- \$42
Fam- \$52



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