Vision Plan Options
for Medicare and Non-Medicare Eligible Retirees

Benefits	Heritage Local Vision Plan	Heritage National Vision Plan	Vision Service Plan (VSP)
Frequency			
Applies to all listed benefits, unless otherwise noted.	Once every 24 months from date of last service	Once every 12 months from date of last service	Once every plan year
Exams for Glasses			
Comprehensive exam for eyeglasses (does not apply to contact lens exam)	In-network: 100% Out-of-network: reimbursed up to $25.00	In-network:100%, $5.00 copay Out-of-network: reimbursed up to $45.00	100% with $5.00 copay
Frames			
Frames	In-network: $100.00 retail allowance Out-of-network: reimbursed up to $30.00	In-network: $130.00 retail allowance (Member pays retail frame costs over allowance, less 20% discount) Out-of-network: reimbursed up to $70.00	Benefit renews once every two years: $130 allowance for a wide selection of frames, $180 allowance for featured frame brands, 20% off amount over your allowance Out-of-network: reimbursed $70
Frame warranty	In-network:100% no copay (6 month U & C manufacturer's warranty) Out-of-network: N/A	In-network:20% discount (where applicable) Out-of-network: N/A	Warranty varies by manufacturer
Lenses			
Single vision	In-network:100% Out-of-network: reimbursed up to $30.00	In-network:100%, $10.00 copay Out-of-network: reimbursed up to $30.00	100% (included in prescription glasses)
Lined bifocal	In-network:100% Out-of-network: reimbursed up to $35.00	In-network:100%, $10.00 copay Out-of-network: reimbursed up to $50.00	100% (included in prescription glasses)
Lined trifocal	In-network:100% Out-of-network: reimbursed up to $40.00	In-network:100%, $10.00 copay Out-of-network: reimbursed up to $65.00	100% (included in prescription glasses)
Lens options			
Tint (one solid color tint)	In-network:100% Out-of-network: N/A	In-network:20% discount Out-of-network: N/A	Average 20-25% discount Out-of-network: NA
Scratch resistant coating	In-network:100% Out-of-network: N/A	In-network:20% discount Out-of-network: N/A	Average 20-25% discount Out-of-network: NA
Progressive (standard)	In-network: 100%, $55.00 Copay Out-of-network: reimbursed up to $40.00	In-network:100%, $55.00 copay Out-of-network: reimbursed up to $50.00	In-network:100% Out-of-network: NA

Benefits	Heritage Local Vision Plan	Heritage National Vision Plan	Vision Service Plan (VSP)
Prism	In-network:100% Out-of-network: N/A	In-network: 20% discount Out-of-network: N/A	Average 20-25% discount Out-of-network: NA
Contact lenses (instead of glasses)			
Comprehensive eye exam for contact lenses (applies to contact lens exam and fitting)	Standard Contact Fitting In-network: 100%, $40.00 copay (10% discount on premium fitting) Out-of-network: N/A	In-network:100%, $40.00 copay (10% discount on premium fitting) Out-of-network: N/A	In-network: 100%, up to $60 copay
Contact lenses elective (includes disposables)	In-network:$45.00 retail allowance (Member pays retail contact costs over allowance, less 10% discount) Out-of-network: reimbursed up to $40.00	In-network:$130.00 retail allowance (Member pays retail contact costs over allowance, less 10% discount) Out-of-network: reimbursed up to $105.00	In-network: $130 allowance copay does not apply Out-of-network: reimbursed up to $105
Contact lenses medically necessary	In-network:$45.00 retail allowance Out-of-network: reimbursed up to $40.00	In-network:100%, $10.00 copay Out-of-network: reimbursed up to $210.00	In network: 100%, $10 copay Out-of-network: reimbursed up to $210 ($105 per eye)
Progressive myopic			
Progressive myopic – rapidly changing near-sighted vision	Children (under age 19) may receive an annual exam and new lenses with a prescription change of plus or minus .50 diopters or more.	NA – annual services available to all members.	No interim benefit
Hearing Aids			
Discount Programs	Amplifon Hearing – Average of 60% savings, wide choice of products, risk free trial, follow up care.	Amplifon Hearing – Average of 60% savings, wide choice of products, risk free trial, follow up care.	TruHearing – Average 60% discount, 45-day free trial, free batteries, network of 6,000 providers
Service area			
	Select network (Southeastern Michigan region).	National network (includes locations in Hawaii and Puerto Rico).	National network
Note: Vision plans are two year plans.			