

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 <u>24</u> months from date of last service	Once every <u>12</u> 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	<u>Benefit renews once every two years:</u> \$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

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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.			