VISION BENEFITS AT A GLANCE

OAKLAND COUNTY STANDARD PLAN

PLAN EFFECTIVE 01/01/2025
CLIENT # 4218-00 | GROUP # 4218-01-Active
| GROUP # 4218-01-Retiree

SERVICES	NETWORK COVERAGE	OUT OF NETWORK[5,6]
EYE EXAM		
Comprehensive Eye Exam	100% Covered, $5.00 Co-Pay	Reimbursed up to $35.00
FRAME		
Frame	$100.00 Retail Allowance Member pays retail frame costs over allowance, less 20% discount[2,3]	Reimbursed up to $45.00
STANDARD LENSES		
Single Vision	100% Covered, $7.50 Co-Pay	Reimbursed up to $25.00
Bifocal	100% Covered, $7.50 Co-Pay	Reimbursed up to $40.00
Trifocal	100% Covered, $7.50 Co-Pay	Reimbursed up to $60.00
Lenticular	100% Covered, $7.50 Co-Pay	Reimbursed up to $80.00
Progressive, Standard	100% Covered, $50.00 Co-Pay	Reimbursed up to $60.00
Progressive, Premium	100% Covered, $100.00 Co-Pay	Reimbursed up to $60.00
Standard Lens Options		
Anti-Reflective Coating	Member Pays $40.00	N/A
Hi-Index	Member Pays $55.00	N/A
Photochromic/Transition	Member Pays $70.00	N/A
Polycarbonate	100% Covered	N/A
Polarization	Member Pays $75.00	N/A
Scratch Coating	Member Pays $10.00	N/A
Tint, Solid	Member Pays $10.00	N/A
Tint, Gradient	Member Pays $12.00	N/A
UV Coating	Member Pays $12.00	N/A
Non-Standard Lens Options	20% Discount[3]	N/A
Other Lens Options	20% Discount[3]	N/A
CONTACT LENS SERVICES[1]		
Standard Contact Fitting	100% Covered with the order of Contact Lenses	Reimbursed up to $30.00
Elective Contact Lenses	$50.00 Retail Allowance Member pays retail contact lens costs over allowance, less 10% discount[3,4]	Reimbursed up to $35.00
Medically Necessary Prior Approval Required	100% Covered up to U&C Amount, No Co-Pay	Reimbursed up to $200.00

Plan Information

Network

National

Service Frequency

Exam	Every calendar year
Frames	Every other calendar year
Lenses	Every other calendar year
Contacts	Every other calendar year

Dependent Children

Covered to age 26 (EOM)

[1] You are eligible for contact lens services or eyeglasses, not both, every other calendar year.

Standard Contact Fitting covered only if you order contact lenses. If contact lenses are not ordered, or you choose eyeglasses, you are responsible for the contact fitting fees at the time of service.

[2] Preferred pricing discounts may not be available for certain frame brands as determined by the manufacturer or where prohibited by law.

[3] Frame allowances may vary at Walmart Vision Centers and Sam's Club Optical locations.

Due to Walmart's/Sam's heavily discounted prices, there are no added preferred pricing discounts on frames, contact lenses, lens options, additional prescription eyeglass or sunglass purchases at these locations.

At participating US Vision, Nationwide Vision and Luxottica owned/operated locations, there are no discounts on contact lenses.

[4] Disposable contact lens discounts may vary by location.

[5] If you use the services of an in network provider but take advantage of a sale, coupon, or other in-store special, the provider may require that you pay in full and submit your itemized receipt for reimbursement at the out of network reimbursement rates.

[6] Claims for out of network reimbursement must be filed within twelve months of service date.

EXTRA SAVINGS

20%
savings on additional glasses from your Heritage provider, with initial purchase
*In Network Only. Restrictions may apply.

15% Off LASIK
available through LasikPlus®

amplifon®
Hearing Health
60%
savings on hearing aid services

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 **www.heritagevisionplans.com,** no login required.
Choose **"NATIONAL NETWORK"** from the dropdown.

Questions? Call **800.252.2053**

Eligibility

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

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, when not related to the Lasik benefit
- 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
- 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
- Lasik 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 guaranteed and may vary by provider
- ID cards are not required for services
- Other disclaimers may apply

Using an Out of Network Provider

If you choose to use an out of network provider or on-line vendor, here are the steps to take:

1. Verify your eligibility by logging in to the Member Web Portal https://hvmwp.wonderboxsystem.com to view your Benefits Summary. Or, call Customer Service toll free at 800.252.2053.
2. Make an appointment with the provider of your choice.
3. When the examination is complete and you have been fitted for necessary eyeglasses or contact lenses, pay the charges in full.
4. Request an itemized receipt.
5. Submit the completed Heritage Reimbursement Claim Form along with your itemized receipt(s) using one of these methods:

   Electronic Submission:
   https://www.heritagevisionplans.com/Submit-A-Claim

   Manual Submission:
   https://www.heritagevisionplans.com/Reimbursement-Claim-Form

Out of network benefits are subject to the same eligibility, frequency, limitation and exclusion provisions of the plan, and are in lieu of in network services.

Heritage vision plans