

Eyetopia Benefits	
Eyetopia provides two vision benefits each eligibility period. You may have the opportunity to maximize your Eyetopia benefits by coordinating benefits with your Health Insurance coverage.	
Benefit One ² (choose either one of the following 2 options every 12 months):	Co-pay ¹
1. Refractive Exam. One routine Vision Exam.	\$10.00
2. \$45 allowance towards a medical eye exam copay or other services or materials. ²	None
Benefit Two (choose only one of the following Vision Correction Options): Eyetopia provides you with 3 material options every 12 months. ³	
1a. Prescription Lenses (Not using Eyetopia Optics) ^{3,4} Standard Prescription Lenses – covered 100% ◆ Non-coated CR-39 plastic single vision, bifocal, trifocal. Progressive no-line lenses (PAL) are covered up to \$120.00.	Co-pay ¹ \$20.00
◆ Polycarbonate upgrade ⁶	\$35.00
◆ Basic Anti-Reflective Coating (UltraViolet Protection & Scratch Resistant Coating)	\$25.00
◆ Mid-Level Anti-Reflective Coating	\$65.00
◆ Premium Anti-Reflective Coating	\$130.00
1b. Prescription Lenses from Eyetopia Optics ^{3,4} ◆ Eyetopia Optics Standard single vision or bifocal flat top 28 lenses with a mid-level Anti-Reflective Coating. ⁵	\$20
◆ Eyetopia Optics Polycarbonate upgrade (adults) ⁶	\$35.00
◆ Eyetopia Optics polycarbonate lenses for child dependents (under age 26).	None
◆ Eyetopia Optics high definition PAL or SV in CR-39 with mid-level anti-reflective properties. ⁵	\$65.00
◆ Eyetopia Optics high definition PAL or SV in CR-39 with blue light blocking anti-reflective properties. ⁵	\$105.00
◆ Medically necessary spectacles for Aniseikonia or Amblyopia - \$400.00 lens allowance.	None
Additional upgrade for lenses from any lab source: • Tint (Solid and Gradient)	\$12.00
◆ Frame: The member may select any frame on display. Eyetopia provides an allowance of \$130.00 to be applied toward the frame selected. The member pays any amount exceeding the \$130.00 allowance.	None
2. Contact Lens Option: ⁷ Eyetopia provides a \$150.00 allowance to be applied 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.	None
◆ Medically necessary contact lenses - \$150.00 evaluation allowance and \$400.00 contact lens allowance. ⁸	None
3. Refractive Surgery Option. ⁹ You may select refractive surgery instead of spectacles or contact lenses during each plan period. Eyetopia provides a \$350.00 per eye with contracted surgeons or a \$75.00 per eye allowance with non-contracted surgeons toward the fees for refractive surgery care, for the following procedures: LASIK, PRK, 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 a comprehensive medical 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 If your prescription has changed at least ½ diopter or your eye doctor recommends a change of lenses, you may select one of three vision correction options every 12 months.

⁴ Special Lens Materials and Non-covered Items: Photochromatic, polarized, ultra light, premium PALs, rush service, service agreements, other special lens materials, oversize, other extras and any items not specifically mentioned above may be substituted provided the Member pays any amount exceeding the price of the covered benefit and the Participating Provider's usual and customary fees for the upgrade at the time of service.

⁵ Members can upgrade from standard non-coated lens to an Eyetopia Optics premium coated lenses at no charge. They can upgrade to an Eyetopia Optics high definition PAL or high definition single vision in CR-39 plastic for an additional \$65.00. A \$105.00 co-pay applies to premium blue light resistance lenses.

⁶ Adult plan Members are charged a polycarbonate upgrade fee.

⁷ If the contact lens evaluation, fitting or dispensing service is performed and the Member decides to use their benefit toward an alternative vision correction option, the Member must pay the cost of the contact lens evaluation, fitting or dispensing service before another vision correction benefit option can be used.

⁸ Total maximum benefit allowance is \$550.00 the Participating Provider must pre-authorize medical necessity.

⁹ Non-covered Items and Exclusions – Facility fees, medications and enhancements or treatments related to complications. 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.

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. 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.



Find us on Facebook.com/eyetopivision

Emp - \$10
E+1 - \$19
Fam - \$27

**For more information please contact customer service at (830) 964-6444 or toll free 800-662-8264
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