Eyetopia 180/300H (Gold)
Randolph Field ISD Summary of Benefits

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):	**Allowance**	**Co-pay**[1]
1. Refractive Exam. One routine vision exam.	N/A	$5.00
2. Coverage toward medical eye exam co-pay or other services or materials. [2]	$65.00	None

BENEFIT TWO (choose only 1 of the following Vision Correction Options) Eyetopia provides you with 3 options for correcting your vision every 12 months. [3]

1. **Prescription Lenses** [3,4] Single Vision, Bi-focal or Tri-focal lenses	**Allowance** Covered	**Co-pay**[1] None
• Progressive (no line multifocal) lenses that retail for up to $219.	Covered	None
• Progressive (no line multifocal) lenses that retail for more than $219.	$219.00	None
• Lens Materials: polycarbonate, Trivex®, 1.60 or 1.67 index plastic.	Covered	None
• Basic Coating (ultraviolet protection and scratch resistant coating)	Covered	None
• Mid-Level Anti-Reflective Coatings that retail up to $99.	Covered	None
• Premium Anti-Reflective Coatings that retail for $100 or more.	$60.00	None
• Premium blue light blocking lenses or premium blue light blocking anti-reflective coating.	N/A	$50.00
• Tint (Solid and Gradient)	N/A	$12.00
• Photochromic or polarized lens upgrade	N/A	$90.00
♦ Medically necessary spectacles for Aniseikonia or Amblyopia.[5]	$400.00	None
♦ Anti-Fatigue lenses.	Covered	None
♦ **Frame**: The member may select any frame on display and is responsible for any amount exceeding the allowance.	$180.00	None
2. **Contact Lens Option** in lieu of spectacles. 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.[6]	$300.00	None
♦ Medically necessary contact lenses - $300.00 evaluation allowance and $400.00 contact lens allowance.[7]	$700.00	None
3. **Refractive Surgery Option**[8] in lieu of spectacles or contact lenses. A $500.00 per eye allowance with contracted surgeons or a $150.00 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.	$500/eye $150/eye	None
4. **Hearing Aid Option.** [9] If you do not use any other benefit options you can elect to apply your benefit toward hearing aids. Please see the attached Eartopia benefit forms. The benefit increases each year for 3 years if not used.	N/A	See Eartopia Forms

[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: 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] The Shaw Lens coverage includes a premium anti-reflective coating and an upgraded lens material.
[6] 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.
[7] Total maximum benefit allowance is $700.00. The Participating Provider must pre-authorize medical necessity.
[8] Non-covered Items and Exclusions – Facility fees, surgical procedures, medications and enhancements or treatments related to medical procedures.
[9] To access your hearing aid benefit, you must call AudioNet America at (568) 250-2731or go to www.AudioNetAmerica.com to arrange for a hearing evaluation. Your copay will vary based on your choice of hearing aid and which year of three possible years you qualify for the benefit.

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 plan. 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.

Emp - $20
E+1 - $37
Fam - $52

For more information, please contact customer service at (830) 964-6444 or toll free 800-662-8264
Support@Eyetopia.org or www.Eyetopia.org

Eyetopia 180/300H Year 1
Summary of Benefits - Commercial Plan Design
Effective: May 1, 2023

All services require preauthorization. Providers seeking authorization or members with questions who are seeking Participating Providers in their area should call AudioNet America at (586) 250-2731 or click www.audionetamerica.com

Service	**Obtained at a Participating Provider** *Participating Provider means a physician, audiologist, hearing instrument specialist or dispenser who participates in the AudioNet America Hearing Aid Program.*	Frequency
Audiometric Examination	Covered in Full	Once every 12 months
Hearing Aid Evaluation Test	Covered in Full per ear	Once every 12 months
Dispensing Fee	Covered in Full per ear	Once every 12 months
Digital Hearing Aids	Essential-Level standard digital hearing devices will be **covered with a $350 monaural /$1,400 binaural member co-payment.** Mid-Level standard digital hearing devices will be **covered with a $630 monaural /$1,960 binaural member co-payment.** Advanced Level standard digital hearing devices will be **covered with a $910 monaural /$2,520 binaural member co-payment**. Flagship Level standard digital hearing devices will be **covered with a $1,180 monaural /$3,060 binaural member co-payment**. Premium Level standard digital hearing devices will be **covered with a $1,530 monaural /$3,760 binaural member co-payment**.	Once every 12 months Three-year repair warranty and three-year loss and damage warranty (one-time replacement)
Conformity Evaluation	Covered in Full per ear	Once every 12 months
Replacement Ear Molds (For children up to age 7)	Up to four (4) replacement ear molds annually are covered in full for children up to age 3. Up to two (2) replacement ear molds annually are covered in full for children ages 3-7. Additional molds are charged to member.	No more than four (4) replacement ear molds annually for children up to age 3. No more than two (2) replacement ear molds annually for children ages 3-7. Any additional molds are not covered.
Ear Molds (Enrollees over age 7)	First is Covered in Full. Additional molds are charged to member.	First is included with initial hearing aid. Any additional molds are not covered.
Batteries	Covered in Full per ear. First 48 batteries, one-time supply	First year only
Accessories	Not Covered	
Maintenance / Fittings / Follow-Up Visits	Covered in Full within first 6 months, $45 copay thereafter for the remaining 30 months.	

Out of Network Benefits: If an eligible member lives within 25 miles of a Network provider, a Network provider must be utilized in order to receive coverage. If an eligible member lives within 25 miles of a Network provider and receives hearing aid services and materials from a non-Network provider, there is no coverage. If an eligible member lives more than 25 miles from the closest In-Network provider, the member will be reimbursed at the in-network provider fee level. However, members must contact AudioNet prior to seeking service with a non-Network provider in order to qualify for reimbursement.

Eyetopia 180/300H Year 2
Summary of Benefits - Commercial Plan Design
Effective: May 1, 2023

All services require preauthorization. Providers seeking authorization or members with questions who are seeking Participating Providers in their area should call AudioNet America at (586) 250-2731 or click www.audionetamerica.com

Service	**Obtained at a Participating Provider** *Participating Provider means a physician, audiologist, hearing instrument specialist or dispenser who participates in the AudioNet America Hearing Aid Program.*	Frequency
Audiometric Examination	Covered in Full	Once every 24 months
Hearing Aid Evaluation Test	Covered in Full per ear	Once every 24 months
Dispensing Fee	Covered in Full per ear	Once every 24 months
Digital Hearing Aids	Essential-Level standard digital hearing devices will be **covered with a $0 monaural /$550 binaural member co-payment.** Mid-Level standard digital hearing devices will be **covered with a $0 monaural /$1,110 binaural member co-payment.** Advanced Level standard digital hearing devices will be **covered with a $60 monaural /$1,670 binaural member co-payment**. Flagship Level standard digital hearing devices will be **covered with a $330 monaural /$2,210 binaural member co-payment**. Premium Level standard digital hearing devices will be **covered with a $680 monaural /$2,910 binaural member co-payment**.	Once every 24 months Three-year repair warranty and three-year loss and damage warranty (one-time replacement)
Conformity Evaluation	Covered in Full per ear	Once every 24 months
Replacement Ear Molds (For children up to age 7)	Up to four (4) replacement ear molds annually are covered in full for children up to age 3. Up to two (2) replacement ear molds annually are covered in full for children ages 3-7. Additional molds are charged to member.	No more than four (4) replacement ear molds annually for children up to age 3. No more than two (2) replacement ear molds annually for children ages 3-7. Any additional molds are not covered.
Ear Molds (Enrollees over age 7)	First is Covered in Full. Additional molds are charged to member.	First is included with initial hearing aid. Any additional molds are not covered.
Batteries	Covered in Full per ear. First 48 batteries, one-time supply	First year only
Accessories	Not Covered	
Maintenance / Fittings / Follow-Up Visits	Covered in Full within first 6 months, $45 copay thereafter for the remaining 30 months.	

Out of Network Benefits: If an eligible member lives within 25 miles of a Network provider, a Network provider must be utilized in order to receive coverage. If an eligible member lives within 25 miles of a Network provider and receives hearing aid services and materials from a non-Network provider, there is no coverage. If an eligible member lives more than 25 miles from the closest In-Network provider, the member will be reimbursed at the in-network provider fee level. However, members must contact AudioNet prior to seeking service with a non-Network provider in order to qualify for reimbursement.

Eyetopia 180/300H Year 3
Summary of Benefits - Commercial Plan Design
Effective: May 1, 2023

All services require preauthorization. Providers seeking authorization or members with questions who are seeking Participating Providers in their area should call AudioNet America at (586) 250-2731 or click www.audionetamerica.com

Service	**Obtained at a Participating Provider** *Participating Provider means a physician, audiologist, hearing instrument specialist or dispenser who participates in the AudioNet America Hearing Aid Program.*	Frequency
Audiometric Examination	Covered in Full	Once every 36 months
Hearing Aid Evaluation Test	Covered in Full per ear	Once every 36 months
Dispensing Fee	Covered in Full per ear	Once every 36 months
Digital Hearing Aids	Essential-Level standard digital hearing devices will be **covered in Full.** Mid-Level standard digital hearing devices will be **covered with a $0 monaural /$160 binaural member co-payment.** Advanced Level standard digital hearing devices will be **covered with a $0 monaural /$720 binaural member co-payment**. Flagship Level standard digital hearing devices will be **covered with a $0 monaural /$1,260 binaural member co-payment**. Premium Level standard digital hearing devices will be **covered with a $0 monaural /$1,960 binaural member co-payment**.	Once every 36 months Three-year repair warranty and three-year loss and damage warranty (one-time replacement)
Conformity Evaluation	Covered in Full per ear	Once every 36 months
Replacement Ear Molds (For children up to age 7)	Up to four (4) replacement ear molds annually are covered in full for children up to age 3. Up to two (2) replacement ear molds annually are covered in full for children ages 3-7. Additional molds are charged to member.	No more than four (4) replacement ear molds annually for children up to age 3. No more than two (2) replacement ear molds annually for children ages 3-7. Any additional molds are not covered.
Ear Molds (Enrollees over age 7)	First is Covered in Full. Additional molds are charged to member.	First is included with initial hearing aid. Any additional molds are not covered.
Batteries	Covered in Full per ear. First 48 batteries, one-time supply	First year only
Accessories	Not Covered	
Maintenance / Fittings / Follow-Up Visits	Covered in Full within first 6 months, $45 copay thereafter for the remaining 30 months.	

Out of Network Benefits: If an eligible member lives within 25 miles of a Network provider, a Network provider must be utilized in order to receive coverage. If an eligible member lives within 25 miles of a Network provider and receives hearing aid services and materials from a non-Network provider, there is no coverage. If an eligible member lives more than 25 miles from the closest In-Network provider, the member will be reimbursed at the in-network provider fee level. However, members must contact AudioNet prior to seeking service with a non-Network provider in order to qualify for reimbursement.