# Eyetopia 150/250 Gold
## Smyer ISD Summary of Benefits

| Eyetopia Benefits | |
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| 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. | $5.00 |
| 2. $65 allowance toward medical eye exam co-pay or other services or materials. [2] | 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] | |
| **1a. Prescription Lenses (Not using Eyetopia Optics)** [3, 4] Single vision, bifocal or trifocal lenses in polycarbonate, Trivex®, 1.60 or 1.67 index plastic that also include a basic anti-reflective coating are covered 100%. Progressive no-line lenses (PAL) are covered up to $120.00. | **Co-pay**[1] None |
| • Mid-Level Anti-Reflective Coating - $45.00 allowance | None |
| • Premium Anti-Reflective Coating - $60.00 allowance | None |
| **1b. Prescription Lenses from Eyetopia Optics** [3, 4] Bi-focal, Tri-focal, high definition single vision or Progressive (no line) lenses in polycarbonate, Trivex®, 1.60 or 1.67 index plastic with a mid-level[5] anti-reflective coating are covered 100%. | None |
| • Eyetopia Optics non-prescription anti-fatigue, anti-reflective lenses. | None |
| • Eyetopia Optics premium blue light blocking, high definition with premium anti-reflective coating. | $50.00 |
| • Eyetopia Optics photochromatic or polarized lenses. | $90.00 |
| • 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 $150.00 to be applied toward the frame selected. The member pays any amount exceeding the $150.00 allowance. | None |
| **2. Contact Lens Option** Eyetopia provides a $250.00 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.[6] | None |
| ♦ Medically necessary contact lenses - $250.00 evaluation allowance and $400.00 contact lens allowance.[7] | None |
| **3. Refractive Surgery Option.** [8] You may select refractive surgery instead of spectacles or contact lenses during each plan period. Eyetopia provides a $500.00 per eye with contracted surgeons or a $125.00 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] The charge for a premium anti-reflective coating is a $65 co-pay plus the difference of the retail price of the mid-range anti-reflective coating and the premium coating.

[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 $650.00. The Participating Provider must pre-authorize medical necessity.

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

### 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

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