

Eyetopia Vision Care Benefits		Co-pay
Eyetopia provides two vision benefits each eligibility period. By coordinating your coverage with your Health Insurance you have the opportunity to maximize your Eyetopia benefits.		
Benefit One ² (choose either one of the following 2 options every 12 months):		
1. Refractive Exam. One refraction (CPT code 92015) or one routine Vision Exam.		\$10.00
2. \$45 allowance toward medical eye exam copay or other services or materials		
Benefit Two (choose only one of the following Vision Correction Options): Eyetopia Vision Care provides you with three (3) options for correcting your vision. If your prescription has changed at least ½ diopter or your eye doctor recommends a change of lenses, you may select one of the following every 12 months:		
1a. Prescription Lenses (Not using an Eyetopia Lab) ³ 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.		\$20
♦ Basic Anti-Reflective Coating (Ultra Violet Protection & Scratch Resistant Coating)		\$25.00
♦ Polycarbonate upgrade ⁵		\$35.00
♦ Warranted Anti-Reflective Coating		\$65.00
1b. Prescription Lenses from an Eyetopia Lab ^{3,4} ♦ Eyetopia Labs Standard single vision or bifocal flat top 28 lenses with premium Anti-Reflective Coating ⁴ .		\$20
♦ Eyetopia Labs Polycarbonate upgrade (adults) ⁵		\$35.00
♦ Eyetopia Labs polycarbonate lenses for child dependents (under age 26) ⁴ .		None
♦ Eyetopia Labs high definition PAL or free form SV in CR-39 with a premium anti-reflective coating. ⁴		\$65.00
♦ Eyetopia Labs premium blue light blocking, high definition PAL or SV in CR-39 with premium AR coating. ⁴		\$105.00
Additional upgrades for lenses from any lab source: • Tint (Solid and Gradient) • Transition or Polarized Lenses ³		\$12.00 Note 3
♦ Frame: The member may select any frame on display. Eyetopia Vision Care provides an allowance of \$120.00 to be applied toward the frame selected. The member pays any amount exceeding the \$120.00 allowance.		
2. Contact Lens Option: ⁶ Eyetopia Vision provides a \$145.00 allowance to be applied toward the Participating Provider's usual and customary (U&C) fees 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.		\$20.00
♦ Medically necessary spectacle or contact lenses - \$400 total allowance. ⁷		
3. Refractive Surgery Option. ⁸ You may select refractive surgery instead of spectacles or contact lenses during each plan period. Eyetopia Vision Care provides a \$350 per eye allowance for in-network surgeons and a \$75 per eye allowance for out-of-network surgeons toward the fees for the following procedures: LASIK, ASA, 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 an annual wellness 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 Special Lens Materials and Non-covered Items: Transition, 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.

⁴ Members can upgrade from standard non-coated lens to an Eyetopia Labs premium coated lenses at no charge. They can upgrade to an Eyetopia labs high definition PAL or single vision in CR-39 plastic for an additional \$65.00. A \$105.00 co-pay applies to premium blue light resistance lenses.

⁵ Members (employees) and Dependent Spouses are charged a polycarbonate upgrade fee.

⁶ If the contact lens exam or "fitting" is performed and the patient decides against getting contact lenses, the patient is responsible for the cost of the contact lens fitting fee.

⁷ The Participating Provider must pre-authorize medical necessity.

⁸ 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 Vision Care.

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 Vision Care. 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.



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Employee	\$8
Empl + 1	\$16
Family	\$24

For more information please contact customer service at (830) 438-6296 or toll free 800-662-8264
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