



**Blue Cross
Blue Shield
of Michigan**

A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

Benefits-at-a-Glance for Hannahville Indian Community Essential Vision 12/12/12

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply. Payment amounts are based on BCBSM's approved amount, less any applicable deductible and/or copay. For a complete description of benefits please see the applicable BCBSM certificates and riders, if your group is underwritten or any other plan documents your group uses, if your group is self-funded. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

Essential Vision benefits are provided by Heritage Total Services. Heritage Total Services is an independent company providing vision benefit services for Blues members. To find a Heritage Total Services network provider, call **1-866-852-8947** or visit Heritage Total Services online at heritagetotalservices.net/network.

Note: Members may choose between prescription glasses (lenses and frame) or contact lenses, but not both.

	Network provider	Non-network provider
Member's responsibility (copays)		
Eye exam	\$0 copay	\$0 copay applies to charge
Prescription glasses (lenses and/or frames)	\$0 copay	Member responsible for difference between approved amount and provider's charge
Medically necessary contact lenses Note: No copay is required for prescribed contact lenses that are not medically necessary.	\$0 copay	Member responsible for difference between approved amount and provider's charge
Eye exam		
Complete eye exam by an ophthalmologist or optometrist. The exam includes refraction, glaucoma testing and other tests necessary to determine the overall visual health of the patient.	\$0 copay	Reimbursement up to \$35 (member responsible for any difference)
	One eye exam in any period of 12 consecutive months	
Lenses and frames		
Standard lenses (must not exceed 60 mm in diameter) prescribed and dispensed by an ophthalmologist or optometrist. Lenses may be molded or ground, glass or plastic. Also covers prism, slab-off prism and special base curve lenses when medically necessary. Note: Preferred pricing discounts on noncovered lens options and upgrades, and on an additional prescription eyeglass or sunglass (second pair) purchase when obtained from a network provider.	\$0 copay (one copay applies to both lenses and frames)	Reimbursement up to approved amount based on lens type (member responsible for any difference)
	One pair of lenses, with or without frames, in any period of 12 consecutive months	
Standard frames	\$150 allowance that is applied toward frames (member responsible for any cost exceeding the allowance) (one copay applies to both frames and lenses)	Reimbursement up to \$65 (member responsible for any difference)
	One frame in any period of 12 consecutive months	
Contact lenses		
Medically necessary contact lenses (requires prior authorization approval from Heritage and must meet criteria of medically necessary)	\$0 copay	Reimbursement up to \$210 less (member responsible for any difference)
	One pair of contact lenses in any period of 12 consecutive months	
Elective contact lenses that improve vision (prescribed, but do not meet criteria of medically necessary)	\$150 allowance that is applied toward contact lens exam (fitting and materials) and the contact lenses (member responsible for any cost exceeding the allowance)	\$105 allowance that is applied toward contact lens exam (fitting and materials) and the contact lenses (member responsible for any cost exceeding the allowance)
	Contact lenses are covered up to allowance every 12 consecutive months	