



Vision

Healthy eyes and vision are important to your well-being.

It's important to get regular eye exams even if you don't wear prescription lenses. Routine (not covered by Medicare) eye exams can detect health conditions with no obvious symptoms such as glaucoma, diabetes, and macular degeneration.

Our vision benefits are through a national vision partner, VSP® Vision Care. VSP has thousands of providers nationwide and more than 950 across North Carolina. The providers are one-stop shops offering exams and eyewear.



Using your VSP benefit is easy.

- Create an account at vsp.com. Review your personalized benefit information.
- Find a HealthTeam Advantage provider who's right for you.
- At your appointment, tell them you have VSP and present your HealthTeam Advantage ID card. There are no claim forms to complete when you use an in-network provider.

If you choose an out-of-network provider, call VSP at 855-492-9028 for plan details.

Vision Services	HealthTeam Advantage Plan I (PPO) HealthTeam Advantage Plan II (PPO)
Medicare-Covered	
Diagnostic Exam (One per year)	In-Network: \$0 copay Out-of-Network: \$30 copay
Eyewear (Materials covered up to Medicare-approved limits.)	In-Network: \$0 copay for Medicare-covered glasses or contact lenses after cataract surgery with a maximum benefit amount not to exceed \$100 . Out-of-Network: \$50 copay for Medicare-covered glasses or contact lenses after cataract surgery with a maximum benefit amount not to exceed \$100 .
Routine (Not covered by Medicare)	
Eye Exam (Includes one refraction per year)	In-Network: \$0 copay Out-of-Network: \$30 copay
Eyeglass frames or contact lenses (One frame or one pair of contacts per year)	In-Network: Reimbursed up to \$200 maximum for frames or contact lenses; 20% discount off amount above allowance. Out-of-Network: Reimbursed up to \$50 maximum for frames or contact lenses.
Eyeglass lenses (One pair per year)	In-Network: Single vision, lined bifocal, lined trifocal, and lenticular lenses are covered in full. Out-of-Network: Single vision, lined bifocal, lined trifocal, and lenticular lenses are covered in full.
Contact lens fitting and evaluation	In-Network: Up to \$60 copay No out-of-network option.
Lens Enhancements	Standard progressives and scratch-resistant coating covered in full.