

Eye Care: **Included Benefits**

HealthTeam Advantage offers vision services to all members, regardless of plan.

Comprehensive eye exams allow your eye doctor to thoroughly analyze the health of your eye using a combination of tests. Many eye and vision conditions present no obvious symptoms, which is why regular comprehensive eye exams are so important. The earlier an eye disease or condition is diagnosed, the more effective treatment is likely to be to help maintain clear, healthy vision. HealthTeam Advantage strives to make many of these services accessible to members.

Vision Exam Benefits

	DESCRIPTION	LIMITATIONS	HEALTHTEAM ADVANTAGE	HEALTHTEAM ADVANTAGE
			PLAN I COPAY	PLAN II COPAY
A	Routine Eye Exam In Network	One routine eye exam per year	\$5	\$0
	Routine Eye Exam Out-of-Network		\$30	\$30
B	Medicare-Covered Diagnostic Exam In Network	1 per year. Materials covered up to Medicare approved limits.	\$35	\$25
	Medicare-Covered Diagnostic Exam Out-of-Network		\$50	\$45
C	Medicare-Covered Eye Wear - In and Out-of-Network	\$0 copay for Medicare-covered eyeglasses or contact lenses after cataract surgery with a maximum benefit amount not to exceed \$100.	\$0	\$0

D	Eyeglasses (lenses and frames) In Network	1 pair of eyeglasses (lenses & frame) with CR-39 clear plastic single vision, lined bifocal (FT28) or lined trifocal (FT7x28) lenses for in-network. Total Retail Benefit limit of \$200.00 in eyewear value.	\$10	\$0
E	Contact Lenses In-Network	1 pair of contact lenses per year	\$10	\$0
F	Frame & Lens Upgrade	Frame upgrade: Member is responsible for retail price less 15%. Lens upgrade: Member pays Coherent's rate.	\$50	\$50
G	Eyeglasses (lenses and frames), Contact Lenses & Frame & Lens Upgrades Out-of-Network	Reimbursed up to \$50 for eyeglasses, contact lenses, and upgrades.		

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, provider network, premium and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium.