HEALTHCHOICE of Michigan

Senior Vision Program Benefits at a Glance

Exam and Material Benefit Frequency is once every (12 Month) Plan Year

SERVICES	IN-NETWORK COVERAGE
Comprehensive Eye Exam (Does not apply to Contact Lens Fitting)	100% Covered, $5.00 Office Visit Fee Applies
Frames: (Choice of One)	
Standard (Covered) Frames	100% Covered, No Co-pay
Premium Frames	$65.00 Retail Allowance (Member pays all costs over $65.00)
Lenses: (Choice of One) ***Covered Material = Plastic or Glass***	
Single Vision	100% Covered, No Co-pay
Bifocal	100% Covered, No Co-pay
Trifocal	100% Covered, No Co-pay
Lenticular	100% Covered, No Co-pay
Lens Upgrades and Options:	
Progressive "No-Line" Upgrade	**A 20% Senior Pricing Discount** will be applied to the fees to upgrade from the covered "Lined" lens to the "No-Line" Progressive
Tint (Therapeutic Rose Tint #1 or #2)	100% Covered, No Co-pay
Other Lens Options: (i.e. Thinner Lenses, Scratch Coating, Transitions, Anti-Reflective Coating, UV Protection, Roll & Polish, etc.)	**A 20% Senior Pricing Discount** will be granted for all other lens options not covered by the plan.
Medically Necessary Contact Lenses: (in lieu of eyeglasses)	
Medically Necessary [1] Contact Lenses *(Prior Approval must be obtained to establish Medical Necessity)*	100% Covered, No Co-pay

[1] You are eligible for contact lenses OR glasses, not both, in any (12 Month) Plan Year.

RATES		
Single	=	**$75.00** / year
Double	=	**$115.00** / year
Family	=	**$150.00** / year