Point32Health Vision

SCHEDULE OF BENEFITS

Insight 201 Point32Health Vision – Plan CV0000700004 / 10000004

BENEFIT FREQUENCY		
Vision Examinations		
Comprehensive Eye Examination	once per calendar year	Insured Person
Vision Materials		
Frame	once per two calendar years	Insured Person
Lenses and Lens Options	once per calendar year	Insured Person
Contact Lenses	once per calendar year	Insured Person

BENEFIT	*In-Network*	*Out-of-Network (Reimbursement up to)*
	In-Network Provider	**Out-of-Network Provider**
Vision Examinations Unless otherwise indicated, the various Vision Examinations are in addition to the Comprehensive Eye Examination if recommended by the Provider.		
Comprehensive Eye Examination	$10 Copayment	$57
Retinal Imaging Examination	$39	$0
Contact Lenses Fit and Follow-up Contact Lenses Fit and Follow Up is available once a Comprehensive Eye Examination has been completed.		
Standard	$40 Copayment	$0
Premium	10% Discount	$0
Medically Necessary	$0 Copayment	$0
Vision Materials		
Frame	$130 Allowance	$74
Contact Lenses Only one of the following Contact Lenses benefits may be used for the Contact Lenses benefit.		
Conventional	$130 Allowance	$74
Disposable	$130 Allowance	$74
Medically Necessary	$0 Copayment	$210

BENEFIT	*In-Network*	*Out-of-Network (Reimbursement up to)*
	In-Network Provider	**Out-of-Network Provider**
Standard Plastic Lenses		
Single Vision	$25 Copayment	$47
Bifocal	$25 Copayment	$79
Trifocal	$25 Copayment	$113
Lenticular	$25 Copayment	$113
Progressive –Standard	$90 Copayment	$79
Premium - Progressive Tier 1 Tier 2 Tier 3 Tier 4	 $110 Copayment $120 Copayment $135 Copayment $90 Copayment, 20% off retail price less $120 Allowance	 $79 $79 $79 $79
Lens Options		
Anti-Reflective Coating Standard Premium Tier 1 Tier 2	 $45 Copayment $57 Copayment $68 Copayment	 $0 $0 $0
Blue Light	$15 Copayment	$0
Photochromic Non-Glass Lens	$75 Copayment	$0
Polycarbonate Lenses – Standard	$40 Copayment – Adult $0 Copayment – Pediatric under 19	$0 - Adult $22 – Pediatric under 19
Scratch Coating – Standard Plastic	$0 Copayment	$10
Tint –Standard	$15 Copayment	$0
UV Treatment	$15 Copayment	$0

Point32Health Vision

NOTICE OF NON-DISCRIMINATION AND ACCESSIBILITY REQUIREMENTS

Your plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, religion, national origin, gender/gender identity, age, mental or physical disability, limited English proficiency or genetic information. Your plan does not exclude people or treat them differently because of race, ethnicity, religion, national origin, gender/gender identity, age, mental or physical disability, limited English proficiency or genetic information.

For people with disabilities, we offer free aids and services, such as sign language interpreters, Braille, large print, audio, and accessible electronic formats. If you request information in an accessible format, you won't be disadvantaged by any additional time necessary to provide it. This means you will get extra time to take any action if there's a delay in fulfilling your request. For people whose primary language is not English, we offer language assistance services through interpreters and other written languages.

If you believe that your plan has failed to provide these services or discriminated on the basis of race, color, national origin, age, disability, or sex, you can file a compliant, also known as a grievance, by emailing eyemedQA@eyemed.com or calling 1-866-939-3633.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

Or by mail or phone at:
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at https://www.hhs.gov/civil-rights/filing-a-complaint/index.html.

TRANSLATION SERVICES

We have free interpreter services to answer any questions you may have about our health, drug, or vision plan. To get an interpreter, just call us at 1-888-249-5194; access TTY services by dialing 711. Someone who speaks your language can help you. This is a free service.

FOR NO COST TRANSLATION, CALL 1-888-249-5194 (TTY: 711).

ARABIC.)711 :للتمتع بترجمة مجانية إلى اللغة العربية، الرجاء االتصال بالرقم 1-888-249-5194)بالنسبة لمستخدمي الهواتف النصية

CHINESE如需免費的繁體中文翻譯服務，請致電1-888-249-5194（聽障電話：711).

FRENCH Pour une traduction gratuite en français, appeler le 1-888-249-5194 (TTY :
711).

GERMAN Benötigen Sie eine deutsche Übersetzung, rufen Sie bitte die 1-888-249-5194 (TTY: 711).
Die Übersetzung ist für Sie kostenlos.

GREEK Για δωρεάν μετάφραση στα ελληνικά, τηλεφωνήστε στο 1-888-249-5194 (TTY: 711).

GUJARATI વિના મૂલ્ય ભાષાંતર માટે, કૉલ કરો 1-888-249-5194 ટીટીવાય: 711)

HAITIAN CREOLE Pou w ka jwenn tradiksyon gratis an Kreyòl Ayisyen, rele 1-888-249-5194 (TTY: 711).

HINDI भाषा में निःशुल्क अनुवाद के लिए, 1-888-249-5194 पर कॉल करें। (TTY: 711).

ITALIAN Per servizi di traduzione gratuiti in Italiano, chiamare il 1-888-249-5194 (TTY: 711).

JAPANESE 日本語への無料翻訳をご希望の場合は、1-888-249-5194 までお電話ください (TTY: 711)

KHMER ដើម្បីទទួលបានការបកប្រែដោយឥតគិតថ្លៃជាភាសាខ្មែរ សូមទូរសព្ទទៅ 1-888-249-5194។ (TTY: 711)។

KOREAN 무료 한국어 번역을 원하시면 1-888-249-5194 (TTY: 711) 번으로 전화하십시오.

LAOTIAN ສໍາລັ ບການຫ ່ ເສຍຄ ່ າໃນການແປພາສາລາວ, ກະລ ຸ ນາໂທ 1-888-249-5194 (TTY: 711).

NAVAJO T’áá ch’íík’eh shá atxa’ hodoonih nínízingo, kojį’ hodíílnih 1-888-249-5194 (TTY: 711).

PERSIAN .(TTY: 711) تماس بگیرید 1-888-249-5194 برای ترجمه بدون هزینه در فارسی، با

POLISH Tłumaczenie bezpłatne w Polski, Tel. 1-888-249-5194 (TTY: 711).

PORTUGUESE Para uma tradução gratuita para português, contacte o número 1-888-249-5194 (TTY: 711).

RUSSIAN За бесплатным переводом на русский язык обращайтесь по номеру телефона 1-888-249-5194
(TTY: 711).

SPANISH Para traducción sin costo en español, llame al 1-888-249-5194 (TTY: 711).

TAGALOG Para sa walang bayad na pagsasalin sa Tagalog, tumawag sa 1-888-249-5194 (TTY: 711).

VIETNAMESE Về dịch vụ phiên dịch tiếng Việt miễn phí, hãy gọi 1-888-249-5194 (TTY: 711).