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## Provided for Sales Purposes only MID Vision Benefit Overview

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Eligible HealthAmerica and HealthAssurance members may obtain vision benefits as noted below by simply contacting a Participating Eye Med Vision Care provider. To obtain a list of participating providers in your area, visit our web-site at [www.healthamerica.cvty.com](http://www.healthamerica.cvty.com). No claim form is needed. Just show your HealthAmerica or HealthAssurance ID card at any participating EyeMed Vision Care provider.

**Examination** –One exam every 12 months with a \$15 copay.

**Lenses** - Plastic uncoated lenses (single, bifocal, trifocal) are covered in full once every 12 months with a \$15 copay.

**Contact lenses** - Members have a \$125 allowance towards contacts once every 12 months with a \$15 copay. Contacts are in lieu of glasses.

**Frames** - Members have a \$125 allowance towards the retail price of frames once every 24 months. There is no copay required for frames.

### KEY EXCLUSIONS

The following highlights some of the Vision Rider's coverage exclusions. **Refer to the Vision Rider for a complete list of limitations and exclusions. (see EyeMed exclusions)**

- Fees for examinations and prescribing or fitting of contacts beyond those services provided in the Rider
- Medical or surgical treatments and drugs or medications
- Lenses not requiring a prescription
- The following types of prescription lenses: photochromatic, no-line bifocal, progressive, plano, glass, industrial (3mm) safety, high index and aniseikonic lenses.
- Tints and other lens coatings
- Replacement of lost, stolen, broken or damaged glasses or contacts, except at the intervals and under the conditions explained in the Rider

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### Discount Services

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**Vision One Eyecare Program®:** In addition to the rider coverage explained above, all HealthAmerica and HealthAssurance members are eligible to receive immediate savings on all eye care needs---discounts on frames, lenses, conventional contacts, and even LASIK surgery--at participating providers through the EyeMed Vision Care network.

Members receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.

Members will receive a 20% discount on items not covered by the plan at network Providers, which may not be combined with any other discounts or promotional offers, and the discount does not apply to EyeMed Provider's professional services, or contact lenses. Retail prices may vary by location.

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**This is not a contract. It is intended solely to provide you with an overview of available vision coverage and benefits. Complete details of benefits, terms, and exclusions are governed by your Group Contract. This managed care plan may not cover all your health care expenses. Read your contract carefully to determine which health care services are covered. If you have questions call us at 800.788.8445 in Central/Eastern Pennsylvania, and 800.735.4404 in Western Pennsylvania and Ohio.**