## Benefits-at-a-Glance for Northern Michigan University

**Group # 007004603**  
**Essential Vision Coverage—Heritage Total Vision Services**

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply. Payment amounts are based on BCBSM’s approved amount, less any applicable deductible and/or copay. For a complete description of benefits please see the applicable BCBSM certificates and riders, if your group is underwritten or any other plan documents your group uses, if your group is self-funded. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

Essential Vision benefits are provided by Heritage Total Services. Heritage Total Services is an independent company providing vision benefit services for Blues members. To find a Heritage Total Services network provider, call 1-866-852-8947 or visit Heritage Total Services online at [heritagetotalservices.net](http://heritagetotalservices.net) – go to “member login” at the top of the homepage and enter your de-identified contract number (on the front of your BCBSM ID card) and birth date to access your eligibility page. Within your eligibility page, you may access the “provider search” function.

**Note:** Members may choose between prescription glasses (lenses and frame) or contact lenses, but not both. **Frequency** is once every 12 months (from date of last service.)

### Member’s responsibility (copays):

<table>
<thead>
<tr>
<th>Services</th>
<th>Network doctor</th>
<th>Non-network provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye exam</td>
<td>No copay</td>
<td>Reimbursement up to a approved amount of $32</td>
</tr>
<tr>
<td>Prescription glasses (lenses and/or frames)</td>
<td>No copay; see Lenses and frames below.</td>
<td>Member responsible for difference between approved amount and provider’s charges.</td>
</tr>
<tr>
<td>Medically necessary contact lenses</td>
<td>No copay</td>
<td>Member responsible for difference between approved amount and provider’s charges.</td>
</tr>
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</table>

### Eye exam:

- Complete eye exam by an ophthalmologist or optometrist. The exam includes refraction, glaucoma testing and other tests necessary to determine the overall visual health of the patient.  

  - No copay  
  - Reimbursement up to approved amount of $32. Member responsible for any difference.  
  - One eye exam in any period of 12 consecutive months

### Lenses and frames:

#### Standard lenses:

- (must not exceed 60 mm in diameter) prescribed and dispensed by an ophthalmologist or optometrist. Lenses may be molded or ground, glass, or plastic. Also covers prism, slab-off prism, and special base curve lenses when medically necessary.

  - No copay  
  - Reimbursement up to approved amount based on lens type:
    - Single Lenses $42
    - Bifocal Lenses $48
    - Tri Focal Lenses $60
    - Progressive Lenses $72
  - Member responsible for any difference.

  - One pair of lenses, with or without frames, in any period of 12 consecutive months

#### Standard frames:

- No copay (applies to both lenses and frames)  
- Reimbursement is 50% of the in-network allowance ($65). Member responsible for any difference.

### Contact lenses:

#### Medically necessary contact lenses (requires prior authorization approval from Heritage Total Services and must meet criteria of medically necessary)

- No copay  
- Reimbursement is 75% up to the in-network approved amount. Member responsible for any difference.

  - One frame in any period of 12 consecutive months

#### Elective contact lenses that improve vision (while elective contracts are prescribed, they do not meet criteria of medically necessary.)

- $130 allowance that is applied toward contact lens exam (fitting and materials) and the contact lenses. Member responsible for any cost exceeding the allowance.  
- $105 allowance that is applied toward contact lens exam (fitting and materials) and the contact lenses. Member responsible for any cost exceeding the allowance.

  - One pair of contact lenses in any period of 12 consecutive months