



Welcome!

Getting your eyes checked can help you be the vision of health. You may think you need an eye exam only when it's time to update your eyewear prescription. But the truth is, an eye exam can spot the early signs of serious health conditions like diabetes and high blood pressure, so you can be treated sooner, rather than later. When you get your eyes checked every year, you're helping your eyes—and possibly your whole body—stay well.

Priority Health Vision provides access to thousands of independent and retail providers, including these five national retailers:

- LensCrafters
- Pearle Vision
- Sears Optical
- Target Optical
- JCPenney Optical

Plus, you can purchase your eyewear online at Glasses.com, [ContactsDirect](http://ContactsDirect.com) and LensCraftersContacts.com.

They provide access to choices, allowing you to select from any frame or contact lens available at any network location. And this concept of choice doesn't stop with the member. Providers choose their lab from an extensive, nationwide network, offering members innovative products and timely delivery on materials, including the option for same-day service at many independent and retail provider locations around the country.

If you have any Priority Health Vision questions, please call our Customer Service Department at 844.366.5127, Monday through Friday, 9 a.m. to 8 p.m. EST (users should call TTY users should call 711), or visit prioritymedicare.com and click on "Already a member."

We look forward to serving you!

I. About this Certificate of Coverage

This Certificate is a contract between you and Priority Health. It describes your benefits and explains your rights and responsibilities. It also describes the rights and responsibilities of Priority Health. This Certificate sets the terms and conditions of the Coverage that you have purchased. This Certificate does not provide Coverage for medical services. It replaces and supersedes any vision Certificate we might have issued in the past.

Words that are capitalized in this Certificate are terms that are defined in Section III. The terms "we," "us" and "our" refer to Priority Health. The terms "you," "your" and "yourself" refer to the Member. Priority Health Vision is administered by EyeMed. The term "Participating Provider" refers to the optometrists and licensed physicians that have contracted with Priority Health as part of the "Select" network leased from EyeMed to provide Covered Services to you at the In-Network Benefits Level.

If you have any questions about Coverage, contact our Customer Service Department at:

Priority Health Vision
Customer Service Department
4000 Luxottica Place
Mason, OH 45040

Or; call us at 844.366.5127, Monday through Friday 9 a.m. to 8 p.m. EST (TTY users should call 711).

This Certificate was issued based on the information in your enrollment form, which has become part of this Certificate. If, to the best of your knowledge and belief, there is any misstatement in your enrollment form, you must let us know immediately about the incorrect or omitted information; otherwise, your Coverage may not be valid. If any information on your enrollment form is incorrect or incomplete, please contact our Customer Service Department using one of the methods above, within 10 days of receiving the Certificate.

II. Eligibility and enrollment

You are eligible to join Priority Health Vision either at the time of initial enrollment into one of the Priority Health plans listed below or within two months of your initial effective date in that plan:

PriorityMedicare KeySM (HMO-POS), **Priority**Medicare ValueSM (HMO-POS),
PriorityMedicareSM (HMO-POS), **Priority**Medicare IdealSM (PPO),
PriorityMedicare Merit6SM (PPO) and **Priority**Medicare SelectSM (PPO).

If Coverage is terminated during the calendar year, you may not re-enroll until the next annual or special election period.

III. Vision benefits

Schedule of Vision Benefits		
Services	In-Network Benefits	Out-of-Network Benefits*
Routine Exam, including dilation and refraction as necessary	Covered in full, once every calendar year	100% Coverage up to \$40 per exam, once every calendar year
Note: A refraction is not covered when done as part of a diagnostic exam or when done on its own. It must be performed with a routine exam to be covered. See Section IV "Definitions" to understand the difference between a routine and diagnostic eye exam.		
Retinal Imaging	Covered in full, once every calendar year	100% Coverage up to \$20 per exam, once every calendar year
Frames, Lens & Lens Options Package (combined)** or Contact Lenses** (For prescription contact lenses for only one eye, the Plan will pay one-half of the amount payable for contact lenses for both eyes)	<i>Frames, Lens & Lens Options Package (combined):</i> \$100 allowance (you may be eligible for a 20% discount off your balance***), once every calendar year; or	<i>Frames, Lens & Lens Options Package (combined):</i> \$100 allowance, once every calendar year; or
	<i>Conventional Contact Lenses:</i> \$100 allowance (you may be eligible for a 15% discount off your balance***), once every calendar year; or	<i>Conventional Contact Lenses:</i> \$100 allowance, once every calendar year; or
	<i>Disposable Contact Lenses:</i> \$100 allowance, once every calendar year; or	<i>Disposable Contact Lenses:</i> \$100 allowance, once every calendar year; or
	<i>Medically Necessary Contact Lenses†:</i> 100% coverage, once every calendar year	<i>Medically Necessary Contact Lenses†:</i> \$210 allowance, once every calendar year
LASIK or PRK Discount from US Laser Network	You may be eligible for a 15% discount off retail price, or 5% discount off promotional price, whichever is lesser***	Not applicable
Additional Pairs Discounts**	You may be eligible for a 40% discount off a complete pair of eyeglasses (including prescription sunglasses); 15% off conventional contact lenses; and 20% off items not covered by the Plan at Participating Providers. ***	Not applicable

- * You are responsible to pay the Non-Participating Provider in full at the time of service and then submit an Out-of-Network claim for reimbursement. You will be reimbursed up to the amount shown on the benefits chart above.
- ** Benefit allowances provide no remaining balance for future use within the same calendar year.
- *** The in-network discounts offered when using participating providers are not a part of the plan's benefits. In-network discounts may not be combined with any other discounts or promotional offers. Discounts do not apply to any Participating Provider's professional services, disposable contact lenses or certain brand name vision materials in which the manufacturer imposes a no-discount practice or policy. Pursuant to Maryland and Texas law, discounts may not be available at all Participating Providers. Prior to your appointment, you should confirm with **your provider that discounts are offered.**
- + Coverage for medically necessary contact lenses is provided when one of the following conditions exists; Anisometropia of 3D in meridian powers, High Ametropia (exceeding – 10D or +10D in meridian powers), Keratoconus (where the member's vision is not correctable to 20/25 in either or both eyes using standard spectacle lenses), vision improvement for Members whose vision can be corrected two lines of improvement on the visual acuity chart when compared to best corrected standard spectacle lenses. The benefit may not be expanded for other eye conditions even if you or your providers deem contact lenses necessary for other eye conditions or visual improvement.

In each Services category listed in the Schedule of Vision Benefits, you may use your In-Network Benefits or your Out-of-Network Benefits, but not both, in any calendar year. For example, if you use your In-Network Benefit for an eye exam, you may not use your Out-of-Network Benefit for another eye exam in the same calendar year.

Savings on Laser Vision Correction

Priority Health Vision, in connection with the U.S. Laser Network, owned and operated by LCA Vision, offers benefits to you for LASIK and PRK. You receive a discount when using a Participating Provider in the U.S. Laser Network. The U.S. Laser Network offers many locations nationwide. For additional information or to locate a Participating Provider, visit www.eyemedlasik.com or call 877.5LASER6.

After you have located a U.S. Laser Network provider, contact the provider and confirm the provider is a Participating Provider, identify yourself as a Priority Health Vision Member and schedule a consultation to determine if you are a good candidate for laser vision correction. If you are a good candidate and schedule treatment, you must call the U.S. Laser Network again at 877.5LASER6 to activate the discount.

At the time treatment is scheduled, you will be responsible for an initial refundable deposit to the U.S. Laser Network. Upon receipt of the deposit, and prior to treatment, the U.S. Laser Network will issue an authorization number to your provider. Once you receive treatment, the deposit will be deducted from the total cost of the treatment. On the day of treatment, you must pay or arrange to pay the remaining balance of the fee. Should you decide against the treatment, the deposit will be refunded.

IV. Definitions

Benefit Period

The period of time that runs from January 1 through December 31 of each calendar year.

Certificate of Coverage or Certificate

The legal document that describes the rights and responsibilities of both you and Priority Health. It includes this document, the Enrollment Form, the Schedule of Vision Benefits, and any amendments and attachments to this document. Priority Health will provide benefits as described in this certificate.

Claim

A request for payment of benefits.

Conventional contact lenses

Contact lenses designed for long-term use (up to one year); can be either daily or extended wear.

Covered Services, Coverage, Cover or Covered

Services and supplies for which this plan will pay all or part of the costs, as listed in your Schedule of Vision Benefits. When we say we will “Cover” a service or supply, that means we will treat the service or supply as a Covered Service.

Diagnostic eye exam

Diagnostic eye exams are performed to aid and assist in identifying a medical condition or a disease, including the nature and severity of an ailment or injury. For example; If the chief complaint or primary reason for a visit is dry eyes, diabetes, floaters, cataracts, burning, or itching of the eye, your exam will become a diagnostic (medical) eye exam and will be submitted to Priority Health for medical coverage, not as part of the enhanced vision benefit.

Dilation

Dilation of the pupil of the eye.

Disposable Contact Lenses

Contact lenses designed to be thrown away daily, weekly, bi-weekly, monthly or quarterly.

Eligible Person

Any person qualified to receive benefits during the Benefit Period under this Plan.

Effective Date

The date when your coverage begins under this Certificate.

EyeMed

A managed vision care organization that provides customer service and a network of providers Covered under this Certificate.

In-network Benefits or In-network Benefits Level

The Benefits you receive when you receive Covered Services from Participating Providers. Your Schedule of Vision Benefits provides more information about how In-network Benefits will be paid.

LASIK

Commonly referred to as laser eye surgery or laser vision correction, is a type of refractive surgery for the correction of myopia, hyperopia, and astigmatism.

Medically necessary contact lenses

Contact lenses are defined as medically necessary if the individual is diagnosed with a specific condition as defined in Section III Vision benefits.

Member

A person enrolled with us as an Eligible Person.

Non-Covered or Excluded Services

Vision care services that this plan does not pay for or Cover.

Non-Participating Provider

A provider who has not signed a contract with EyeMed to provide Covered Services to Members. Covered Services and supplies you seek from Non-Participating Providers are Covered at the Out-of-Network Benefits Level.

Out-of-Network Benefits or Out-of-Network Benefits Level

The benefits you receive when you get Covered Services from a Non-Participating Provider. Your Schedule of Vision Benefits provides more information about how your Out-of-Network Benefits will be paid.

Participating Provider

Providers that have contracted with EyeMed, to provide Covered Services to you at the In-network Benefits Level. The Providers that make up the EyeMed "Select" network are considered Participating Providers. To find a Participating Provider, go to *priorityhealth.com* and use the "Find a Doctor" tool or call our Customer Service Department.

Plan

The vision coverage established for the Eligible Person pursuant to this Certificate.

Premium

The total amount you pay for Coverage under this Plan.

Priority Health

The Michigan nonprofit corporation and licensed health maintenance organization providing benefits under this Certificate.

Priority Health Vision

The vision coverage you purchased from Priority Health and described in this Certificate of Coverage. Priority Health Vision is administered by EyeMed.

Provider

A licensed physician or optometrist who is operating within the scope of his or her license or a dispensing optician.

PRK

PRK (photorefractive keratectomy) is a type of refractive surgery to correct myopia (nearsightedness), hyperopia (farsightedness) and astigmatism.

Refraction

In ophthalmology, the bending of light that takes place within the human eye. Refractive errors include nearsightedness (myopia), farsightedness (hyperopia), and astigmatism. Lenses can be used to control the amount of refraction and correct those errors.

Retinal Imaging

Retinal Imaging is a non-invasive photograph of the structures in the back of the eye that allows providers to document potential signs of many eye conditions such as glaucoma, hypertension, diabetic retinopathy and age-related macular degeneration. Images can be compared year over year to help in the identification of any change in the patient's eyes. Additionally, this technology allows the provider to offer a consultative service by producing a picture of the eye that both patient and provider can review, providing a historical record to easily monitor ocular changes year over year.

Routine Eye Exam

Routine Eye Exams are for those in need of glasses/contacts. Providers conduct comprehensive eye examinations concluding a diagnosis of existing conditions of the eye and vision system. The purpose of a routine eye exam is to evaluate overall health of the eye and/or determine if a prescription for vision correction is required (refraction).

Services

The unique vision services selected for coverage as described in the Schedule of Vision Benefits and subject to the terms of this Certificate.

Schedule of Vision Benefits

The legal description that outlines how benefits will be paid for as Covered Services received at either the In-Network or Out-of-Network Benefits Level, including copayments and coinsurance. It also lists any maximum limitations that apply to your vision benefits.

We, us or our

Priority Health

You, your or yourself

The Eligible Person who is enrolled in this Plan.

V. Effective date

Your effective date is the first of the month following the month in which we receive your enrollment form. However, the Certificate covers a benefit period that runs from January 1 through December 31 of each calendar year. For example, if you submit an enrollment form in March, you will be effective April 1. The number of months you are covered during the calendar year depends on your effective date.

VI. Providers

The Priority Health Vision Network

We have a network of Participating Providers that include private practitioners, as well as these retailers, LensCrafters®, Sears Optical, Target Optical, JCPenney Optical and most Pearle Vision locations. To find a Participating Provider, go to priorityhealth.com and use the “Find a Doctor” tool or call our Customer Service Department at 844.366.5127, Monday through Friday 9 a.m. to 8 p.m. EST (TTY users should call 711).

Using Participating Providers

When making an appointment with the provider of your choice, identify yourself as a Priority Health Vision Member and provide your name and Plan number, located on your Priority Health member ID card. Confirm the provider is a Participating Provider. While your ID card is not necessary to receive services, it is helpful to present your Priority Health member ID card to identify your membership.

When you receive services at a Participating Provider, the provider will file your claim. You will have to pay the cost of any services or eyewear that exceeds any benefit allowances and/or discounts. You will also owe state tax, if applicable, and the cost of any non-covered expenses, such as, vision perception training.

Using Non-Participating Providers

If you receive services from a Non-Participating Provider, you will pay for the full cost at the point of service. You will be reimbursed up to the maximum allowance as outlined in the Schedule of Vision Benefits above. For directions on how to receive your Out-of-Network reimbursement, see Section VIII “Payments” below.

VII. Accessing your benefits

To receive vision benefits, follow these steps:

1. Please read this Certificate carefully so you are familiar with the benefits, payment mechanisms and provisions.
 2. Find a Participating Provider-by visiting priorityhealth.com and using the “Find a Doctor” tool or calling our Customer Service Department at 844.366.5127 (TTY users should call 711).
 3. You may choose to see a Non-Participating Provider; however, your out-of-pocket cost could be higher.
 4. Make an appointment with a vision provider and tell him or her that you have Priority Health Vision benefits. If your vision provider is not familiar with us or has questions about the benefits in this certificate, have him or her contact us by (a) writing Priority Health Vision, Attention: Customer Service, 4000 Luxottica Place, Mason, Ohio, 45040, or (b) calling the toll-free number, 844.366.5127, Monday through Friday 9 a.m. to 8 p.m. EST (TTY users should call 711).
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5. To understand how payments are made when using Participating Providers and Non-Participating Providers, see Section VIII "Payments" below.

VIII. Payments

Participating Provider payments:

1. You are responsible for incurred charges after plan allowances and discounts at the point of care as outlined in the Schedule of Vision Benefits above.
2. Provider submits the Claim on your behalf.

Non-Participating Provider payments:

1. You must pay for all services at the point of care and obtain all itemized receipts.
2. You must submit an out-of-network claim form with paid receipts to the Claims Department for reimbursement. Complete and sign an out-of-network claim form, attach your itemized receipts and send to Priority Health Vision:

Priority Health Vision
Attn: OON Claims
P.O. Box 8504
Mason, OH 45040-7111

For your convenience, an out-of-network claim form is available at prioritymedicare.com or by calling our Customer Service Department at 844.366.5127 (TTY users should call 711). You can use this out-of-network claim form or simply write a letter and enclose your receipts.

IX. Exclusions

The following vision services are not Covered:

1. Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses.
 2. Medical and/or surgical treatment of the eye, eyes or supporting structures. These are Covered under your medical plan.
 3. Any eye or vision examination, or any corrective or safety eyewear required by an Employer as a condition of employment.
 4. Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof.
 5. Plano (non-prescription) lenses and/or contact lenses.
 6. Non-prescription sunglasses.
 7. Two pair of glasses in lieu of bifocals.
 8. Services rendered after the date an Eligible Person ceases to be Covered under the Certificate, except when Vision Materials ordered before Coverage ended are delivered, and the services rendered to the Eligible Person are within 31 days from the date of such order.
 9. Services or materials provided by any other group benefit plan providing vision care.
 10. Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.
 11. Glasses or contacts post cataract surgery. These are covered under your medical plan.
 12. Refraction when done on its own. It must be performed during a routine eye exam to be covered.
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13. Refraction when done as part of a diagnostic eye exam.

X. Termination of coverage

Benefits will cease on the last day of the month in which you are terminated. You do not need to pay any monthly premiums after your termination date. If you paid a complete annual premium, you are entitled to a pro-rated refund for the remaining portion of the year. You will be refunded within 30 calendar days of receipt of your disenrollment. If coverage is terminated during the calendar year, you may not re-enroll until the next annual election or special election period.

XI. Additional limitations

Our obligation for payment of Benefits ends on the effective date of your disenrollment from your Priority Health Medicare plan. This date is usually the first of the month following receipt of a valid, written request to disenroll that was accepted by our plan during a valid Medicare election period. We will make payment for Covered Services provided on or before the effective date of your disenrollment. You will be notified by Priority Health about this disenrollment date before and after it is confirmed by Centers for Medicare and Medicaid Services (CMS). Contact Priority Health Customer Service toll-free at 888.389.6648, TTY users should call 711. We're available seven days a week from 8 a.m. to 8 p.m.

Medicare claims must be filed no later than 12 months (or 1 full calendar year) after the date when the services were provided. If a claim isn't filed within this time limit, Medicare can't pay its share.

XII. Miscellaneous provisions

This document reflects and is subject to the Administrative Agreement between EyeMed Insurance Company and Priority Health.

What to do if you have a problem or concern?

Priority Health Medicare Advantage members should follow the process described in Chapter 9 of the Evidence of Coverage.

Priority Health has HMO-POS and PPO plans with a Medicare contract. Enrollment in Priority Health Medicare depends on contract renewal. Benefits, premiums and copayments/ coinsurance may change on January 1 of each year.