



# 2020 Priority Health Medicare Vision Certificate of Coverage

January 1, 2020 – December 31, 2020





The following is a summary vision services administered by EyeMed<sup>SM</sup>.

As a Priority Health member, you have expanded routine vision benefits as part of your medical plan through our partnership with EyeMed<sup>SM</sup>. Be the vision of health and get your eyes checked regularly. An eye exam can spot the early signs of serious health conditions like diabetes and high blood pressure; when you get your eyes checked every year, you're helping your eyes—and possibly your whole body—stay well.

You have access to thousands of independent and retail providers, including these five national retailers: LensCrafters®, Sears® Optical, Target® Optical, JCPenney® Optical, and most Pearle Vision® locations. Plus, you can purchase your eyewear online at *Glasses.com*, *ContactsDirect.com* and *LensCraftersContacts.com*.

A medical plan that includes vision coverage? Now that's a smart choice.

## **I. About this Certificate of Coverage**

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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 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 V. The terms "we," "us" and "our" refer to Priority Health. The terms "you," "your" and "yourself" refer to the Member. Priority Health Medicare's vision as detailed in the Summary of Vision Benefits 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 Participating Provider Benefits Level.

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

EyeMed  
Customer Service Department  
4000 Luxottica Place  
Mason, OH 45040

Or, call us at 844.366.5127, Monday through Friday 8 a.m. to 8 p.m. EST (TTY users should call 711). For assistance on Saturday or Sunday, call Priority Health Medicare at 888.389.6648 (TTY users should call 711), from 8 a.m. to 8 p.m. EST.

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 this Certificate.

## II. Eligibility & Enrollment

Members enrolled in the following Priority Health Medicare plans have vision benefits included in their Medicare Advantage plan.

**PriorityMedicare Key<sup>SM</sup>** (HMO-POS), **PriorityMedicare Value<sup>SM</sup>** (HMO-POS), **PriorityMedicare<sup>SM</sup>** (HMO-POS), **PriorityMedicare Ideal<sup>SM</sup>** (PPO), **PriorityMedicare Merit<sup>SM</sup>** (PPO) and **PriorityMedicare Select<sup>SM</sup>** (PPO), **PriorityMedicare Edge<sup>SM</sup>** (PPO)

## III. Effective Date

Your Effective Date is the first of the month following the month in which we receive your enrollment form. However, this 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.

## IV. Vision Benefits

### Summary of Vision Benefits

Services	EyeMed "Select" Network Participating Provider Benefits <sup>(1)</sup>	Frequency
<b>Routine exam</b> including refraction with dilation as necessary	\$0 copay	Once per calendar year.
<b>Retinal imaging</b>	\$0 copay	
<b>Frames, lens and lens options benefits package (combined)</b>	Frames, lens and lens options package (combined): \$100 allowance <sup>(2)</sup> ; or	
Or	Conventional contact lenses: \$100 allowance <sup>(2)</sup> ; or	
<b>Contact lenses</b> (For prescription contact lenses for only one eye, the Plan will pay on-half of the amount payable for contact lenses for both eyes)	Disposable contact lenses: \$100 allowance <sup>(2)</sup> ; or Medically necessary contact lenses <sup>(3)</sup> : \$0 copay	

<sup>(1)</sup> You must use an EyeMed "Select" Network Participating Provider.

<sup>(2)</sup> Benefit allowances provide no remaining balance for future use within the same calendar year.

<sup>(3)</sup> 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.

## **V. Definitions**

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### **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 Summary 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 Summary 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.

### **Effective Date**

The date when your coverage begins under this Certificate.

### **Eligible Person**

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

### **EyeMed**

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

### **Participating Provider Benefits or Participating Provider Benefits Level**

The benefits you receive when you receive Covered Services from Participating Providers (providers in EyeMed's "Select" network). Your Summary of Vision Benefits provides more information about how Participating Provider Benefits will be paid.

### **Medically Necessary Contact Lenses**

Contact lenses are defined as medically necessary if the individual is diagnosed with a specific

condition as defined in Section IV.

**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 Providers**

Providers that have not signed a contract with EyeMed. Services and supplies from Non-Participating Providers are not covered under this Plan.

**Participating Providers**

Providers that have contracted with EyeMed to provide Covered Services to you at the Participating Provider 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.

**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 Summary of Vision Benefits and subject to the terms of this Certificate.

**Summary of Vision Benefits**

The legal description that outlines how benefits will be paid for as Covered Services received from Participating Providers, 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.

**VI. Providers**

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Our network of Participating Providers includes private practitioners as well as the following national retailers: LensCrafters®, Sears® Optical, Target® Optical, JCPenney® Optical and most Pearle Vision® locations.

To find a Participating Provider (providers in EyeMed's "Select" network), go to [priorityhealth.com](http://priorityhealth.com) and use the "Find a Doctor" tool or call our Customer Service Department at 844.366.5127, Monday through Friday 8 a.m. to 8 p.m. EST (TTY users should call 711). For assistance on Saturday or Sunday, call Priority Health Medicare at 888.389.6648 (TTY users should call 711), from 8 a.m. to 8 p.m.

**Using Participating Providers**

When making an appointment with the Participating Provider of your choice, identify yourself as a Priority Health Medicare member with EyeMed coverage and provide your name and Plan number, located on your Priority Health member ID card. Confirm the provider is a Participating Provider, a provider in EyeMed's "Select" network. 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.

**Online contact lenses with [contactsdirect.com](http://contactsdirect.com)**

You can now apply your Participating Provider contact lens benefit at [ContactsDirect.com](http://ContactsDirect.com) or [LensCraftersContacts.com](http://LensCraftersContacts.com). Simply complete the online transaction form and the contacts will be delivered directly to your home.

**Online eyewear with [glasses.com](http://glasses.com)**

To make sure you have easy, convenient access to vision choices that best fit your lifestyle, we've also added [glasses.com](http://glasses.com) to our roster of Participating Providers. To apply your vision benefits anytime, from anywhere, visit [glasses.com](http://glasses.com).

**Using Non-Participating Providers**

Services and supplies from Non-Participating Providers are not covered under this plan.

## VII. Accessing your benefits

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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 (providers in EyeMed's "Select" network) by visiting [priorityhealth.com](http://priorityhealth.com) and using the **Find a Doctor** tool or calling our Customer Service Department at 844.366.5127, Monday through Friday 8 a.m. to 8 p.m. EST (TTY users should call 711). For assistance on Saturday or Sunday, call Priority Health Medicare at 888.389.6648 (TTY users should call 711), from 8 a.m. to 8 p.m.
3. To understand how payments are handled, see Section VIII.

## VIII. Payments

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### Participating Provider payments:

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

### Non-Participating Provider payments:

Services and supplies from Non-Participating Providers are not covered under this plan. You must see a Participating Provider in EyeMed's "Select" Network.

## IX. Exclusions

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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. Safety eyewear of any kind, for any purpose.
5. 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.
6. Plano (non-prescription) lenses and/or contact lenses.
7. Non-prescription sunglasses.
8. Two pair of glasses in lieu of bifocals.
9. 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.
10. Services or materials provided by any other group benefit plan providing vision care.
11. 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.
12. Glasses or contacts post cataract surgery. These are covered under your medical plan.
13. Refraction when done on its own. It must be performed during an eye exam to be covered.
14. Conventional or disposable contact lens fitting.

## X. Termination of Coverage

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Benefits will cease on the last day of the month in which you are terminated.

## **XI. Additional limitations**

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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 dis-enroll 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 one 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**

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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 their Evidence of Coverage.

Priority Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.888.389.6648 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.888.389.6648 (رقم هاتف الصم والبكم: 711).