



2020 Priority Health Medicare Vision Certificate of Coverage

January 1, 2020 – December 31, 2020



The following is a summary of vision services administered by EyeMedSM.

Thank you for being a Priority Health member. Choosing a Medicare plan is an important decision, and you made a smart choice. We're happy you also chose to enroll in the enhanced dental and vision package. In addition to the vision coverage included in your medical plan, your enhanced package includes an additional \$150 allowance for eyewear each year. Our network of Participating Providers includes private practitioners as well as national retailers like LensCrafters®, Sears® Optical, Target® Optical, JCPenney® Optical and most Pearle Vision® locations.

Your coverage is available through December 31, 2020. It will automatically renew on January 1, 2021, unless you decide not to continue for 2021.

Choosing Priority Health Medicare's enhanced dental and vision package? Now that's a smart choice.

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 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 In-Network 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 the Certificate.

II. Eligibility & Enrollment

You are eligible to enroll in the enhanced dental and vision package either at the time of initial enrollment into one of the Priority Health Medicare plans listed below or within two months of your initial effective date in that plan:

PriorityMedicare KeySM (HMO-POS), **PriorityMedicare ValueSM** (HMO-POS), **PriorityMedicareSM** (HMO-POS), **PriorityMedicare IdealSM** (PPO), **PriorityMedicare MeritSM** (PPO) and **PriorityMedicare SelectSM** (PPO), and **PriorityMedicare EdgeSM** (PPO)

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

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 ⁽¹⁾	Frequency
Frames, lens and lens options benefits package (combined) or Contact lenses (For prescription contact lenses for only one eye, the Plan will pay on-half of the amount payable for contact lenses for both eyes)	Frames, lens and lens options package (combined): \$250 allowance ⁽²⁾ or	Once per calendar year.
	Conventional contact lenses: \$250 allowance ⁽²⁾ or	
	Disposable contact lenses: \$250 allowance ⁽²⁾	

⁽¹⁾ You must use an EyeMed "Select" Network Participating Provider.

⁽²⁾ \$100 is included in your MAPD plan and \$150 is included as part of your optional enhanced plan. Benefit allowances provide no remaining balance for future use within the same calendar year.

Additional Discounts

Under the Plan, you may receive benefits for eyeglasses (frame and lenses) or contact lenses as outlined on the Summary of Vision Benefits. In addition, EyeMed provides a Participating Provider discount on products and services once your Participating Provider benefits for the applicable benefit period have been used. The Participating Provider discounts are as follows:

- 20% off balance over \$250 for frame, lens and lens options package
- 15% off balance over \$250 for conventional contact lenses
- Additional Pairs Benefit: 40% off complete pair eyeglasses purchases (including prescription sunglasses) once the funded benefit has been used.

These Participating Provider discounts may not be combined with any other discounts or promotional offers. Discounts do not apply to EyeMed Provider's professional services, disposable contact lenses or certain brand name vision materials in which the manufacturer imposes a no-discount practice or policy. Discounts on services may not be available at all Participating Providers.

Savings on Laser Vision Correction

EyeMed, 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.

Discount:

- 15% off retail price, or
- 5% off promotional price

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 Medicare member with EyeMed vision coverage 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.

V. 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 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.

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 (providers in EyeMed's "Select" network). Your Summary 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 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 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 Summary 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.

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 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.

VI. Providers

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 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 provider of your choice, identify yourself as a Medicare member with EyeMed vision 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* or *LensCraftersContacts.com*

You can now apply your Participating Provider contact lens benefit at *ContactsDirect.com* or *LensCraftersContacts.com*. Simply complete the online transaction form and the contacts will be delivered directly to your home.

Online eyewear with *glasses.com*

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

Using Non-Participating Providers

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

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 (providers in EyeMed's "Select" network) 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), Monday through Friday 8 a.m. to 8 p.m. EST. 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.

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 Summary of Vision Benefits above.
2. Provider submits the Claim on your behalf.

Non-Participating Provider payments:

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

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. 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

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 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

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 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).