Heritage vision plans



VISION BENEFITS AT A GLANCE

DETROIT PUBLIC SCHOOLS COMMUNITY DISTRICT PREMIUM PLAN

PLAN EFFECTIVE 01/01/2026

CLIENT # 4001-00 | GROUP # 4001-03

SERVICES	NETWORK COVERAGE	OUT OF NETWORK[5,6]
EYE EXAM		
Comprehensive Eye Exam	100% Covered, $10.00 Co-Pay	Reimbursed up to $25.00
FRAME		
Frame	$130.00 Retail Allowance Member pays retail frame costs over allowance, less 20% discount[2] Walmart/Sam's EDLP Frames Level 3 $75.00 Retail Allowance[3]	Reimbursed up to $50.00
STANDARD LENSES		
Single Vision	100% Covered, $15.00 Co-Pay	Reimbursed up to $25.00
Bifocal	100% Covered, $15.00 Co-Pay	Reimbursed up to $35.00
Trifocal	100% Covered, $15.00 Co-Pay	Reimbursed up to $45.00
Lenticular	100% Covered, $15.00 Co-Pay	Reimbursed up to $65.00
Progressive, Standard	100% Covered, $60.00 Co-Pay	Reimbursed up to $35.00
Progressive, Premium	80% of the difference between the standard and premium, $60.00 Co-Pay	Reimbursed up to $35.00
Lens Options		
Anti-Reflective Coating	20% Discount	N/A
Hi-Index	20% Discount	N/A
Mirror Coating	20% Discount	N/A
Photochromic/Transition, Single Vision	20% Discount	N/A
Photochromic/Transition, Multi-Focal	20% Discount	N/A
Polycarbonate, Child	20% Discount	N/A
Polycarbonate, Adult	20% Discount	N/A
Polarization	20% Discount	N/A
Scratch Coating	20% Discount	N/A
Tint, Solid	20% Discount	N/A
Tint, Gradient	20% Discount	N/A
UV Coating	20% Discount	N/A
Other Lens Options	20% Discount	N/A
CONTACT LENS SERVICES		
Standard Contact Fitting	$55.00 Max Co-Pay	N/A
Premium Contact Fitting	10% Discount[3]	N/A
Contact Lenses[1]	$130.00 Retail Allowance Member pays retail contact lens costs over allowance, less 10% discount[3,4]	Reimbursed up to $105.00
Medically Necessary Prior Approval Required	100% Covered up to U&C Amount, $15.00 Co-Pay	Reimbursed up to $210.00

This is intended as an easy-to-read summary and provides a general overview of your benefits. It is not a contract.

To find a Heritage provider, visit **www.heritagevisionplans.com,** no login required.
Choose **"NATIONAL NETWORK"** from the dropdown.

Questions? Call **800.252.2053.**

Plan Information

Network	
National	
Service Frequency	
Exam	Every 12 months
Frames	Every 12 months
Lenses	Every 12 months
Contacts	Every 12 months
Dependent Children	
Covered to age 26 (EOM)	

[1] You are eligible for contact lenses or eyeglasses, not both, in any plan year.

[2] Preferred pricing discounts may not be available for certain frame brands as determined by the manufacturer or where prohibited by law.

[3] At participating Walmart/Sam's Club locations, the "Everyday Low Price" (EDLP) frame benefit level differs from other providers in the network. Due to Walmart's heavily discounted prices, there are no added preferred pricing discounts on premium fitting fees, contact lenses, non-covered upgrades, options, additional prescription eyeglass or sunglass purchases at these locations.

At participating US Vision, Nationwide Vision and Luxottica owned/operated locations, there are no discounts on premium fitting fees or contact lenses.

[4] Discount may not apply to disposable contact lenses.

[5] If you use the services of an in network provider but take advantage of a sale, coupon, or other in-store special, the provider may require that you pay in full and submit your itemized receipt for reimbursement at the out of network reimbursement rates.

[6] Claims for out of network reimbursement must be filed within six months of service date.

EXTRA SAVINGS

20%
savings on additional glasses from your Heritage provider, with initial purchase
*In Network Only

15% Off LASIK
available through LasikPlus®

amplifon®
Hearing Health
60%
savings on hearing aid services

Eligibility

Your eligibility to participate in this plan is determined by your employer or group. Contact your benefit manager for eligibility rules.

Limitations

This plan is designed to cover eye examinations and corrective eyewear. It is also designed to cover visual needs rather than cosmetic options. Should you select options that are not covered under your plan, as shown in the vision benefits at a glance, you will pay a discounted fee to the participating provider, when applicable. Benefits are payable only for services received while your coverage is in force.

Exclusions:

- Non-Prescription Lenses
- Medical or surgical treatment of the eyes, including drugs and/or medications
- Replacement of lost or broken lenses or frames
- Vision training
- Services provided as a result of any workers' comp law, or similar legislation, or required by any governmental agency or program whether federal or state
- Two pairs of glasses instead of bifocals
- Parts or repair of frame not covered under manufacturers' warranty
- Services not visually necessary
- Corrective vision services, treatments and materials of an experimental nature
- Safety lenses (3mm) and/or frame with side shields
- Services not specified in scope of coverage
- Services or materials provided by any other group plan providing vision care
- Services rendered after the date an insured person ceases to be covered under the policy, except when materials ordered before coverage ended are delivered
- Benefits cannot be combined with any discount or promotional offering
- Fees charged for non-covered services and materials must be paid in full to the provider

Termination Provisions

Coverage will end on the earliest of: the date the policy ends, the date your employment ends, or the date you are no longer eligible.

Notes and Disclaimers

- The contact lens allowance may be used all at once, or throughout the plan year as needed, and may be applied toward contact lenses only
- Refractive Laser Surgery is considered an elective procedure, and may involve potential risks to patients. Heritage is not responsible for the outcome of any refractive surgery
- Discounts are not insured benefits
- ID cards are not required for services
- Other disclaimers may apply

Using an Out of Network Provider

If you choose to use an out of network provider or on-line vendor, here are the steps to take:

1. Verify your eligibility by logging in to the Member Web Portal https://hvmwp.wonderboxsystem.com to view your Benefits Summary. Or, call Customer Service toll free at 800.252.2053.
2. Make an appointment with the provider of your choice.
3. When the examination is complete and you have been fitted for necessary eyeglasses or contact lenses, pay the charges in full.
4. Request an itemized receipt.
5. Submit the completed Heritage Reimbursement Claim Form along with your itemized receipt(s) using one of these methods:

   Electronic Submission:
   https://www.heritagevisionplans.com/Submit-A-Claim

   Manual Submission:
   https://www.heritagevisionplans.com/Reimbursement-Claim-Form

Out of network benefits are subject to the same eligibility, frequency, limitation and exclusion provisions of the plan, and are in lieu of in network services.

Heritage vision plans