



















## 2020 HTA/Teal Member Vision Care Benefits – Once per year

### Vision Exam:

- Comprehensive exam (S0620/21 - vision care exam which includes both refraction & dilation and Rx for eyewear)
- Patient copay \$0

### Eyewear Benefit:

- \$100 retail allowance towards 1 pair of eyeglasses (lenses & frame)
- Patient copay \$0
- Patients receive a **15% discount** on frames and lenses

### Lens Options:

- Progressive lenses and/or Photochromic lenses - **15% off retail**

### Len Coatings:

- Anti-reflective, scratch, ultra-violate, anti-fog, etc. coatings - **15% off retail**

### Contact Lenses\*:

- *In lieu of glasses shown above* \$100 retail allowance towards the cost of contact lenses
- Patients receive a **10% discount** on contact lenses

\*Contact lens fitting fee is not a covered benefit. Fitting fee varies by provider and will be the patient's responsibility

### Additional Benefits provided by HTA (Not Coherent)

#### Post Cataract Eyewear: (Covered by HTA and billed to HTA – Not Argus)

- Medicare covered eyewear (one pair of eyeglasses which includes frame and Single vision plastic lens) or contact lenses up to \$100 retail value.

**Wellness Program:** Active campaign throughout the year scheduling patients for these exams. Our care coordinators will transfer patients to your practice for scheduling.

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|-----------------------|-------------------|------------------------------------|
| • Diabetic Eye Exams: | \$0 patient copay | HTA Contracted Rates with provider |
| • Glaucoma Screening: | \$0 patient copay | HTA Contracted Rates with provider |

#### All other Medical Eye Care Services (for MEDICAL visits only. Reimbursement from HTA)

- Refraction Fee (up to two per year) Usual & Customary Fees not to exceed \$50 per refraction reimbursement









