

Vision Care Benefit Tip Sheet

Overview:

The vision plan helps pay for routine eye-care expenses when prescribed by a physician or optometrist. The vision coverage you have depends on your medical plan and may not pay the total cost of eye-care services and supplies.

To be covered under the plans, vision services and supplies must be medically necessary and provided by a licensed vision provider practicing within the scope of their license.

What the vision plan covers:

BENEFIT	IN-NETWORK COVERAGE	OUT-OF-NETWORK COVERAGE
Provider visits	<p>Health Savings Plan:</p> <ul style="list-style-type: none"> One routine eye exam per calendar year: 100% Other exams, as medically necessary: 90% of allowable charges, deductible applies <p>Health Connect Plan:</p> <ul style="list-style-type: none"> One routine eye exam per calendar year: Health Connect Network: 100% Extended Network: 100% Other exams, as medically necessary: Health Connect Network: \$20 copayment Primary Care Provider, \$40 copayment Specialist Extended Network: 60% of allowable charges, deductible applies 	<p>Health Savings Plan:</p> <ul style="list-style-type: none"> One routine eye exam per calendar year: 100% of allowable charges Other exams, as medically necessary: 70% of allowable charges, deductible applies <p>Health Connect Plan:</p> <ul style="list-style-type: none"> One routine eye exam per calendar year: 50% of allowable charges, deductible applies Other exams, as medically necessary: 50% of allowable charges, deductible applies
Hardware	<p>For members ages 19 and older:</p> <ul style="list-style-type: none"> Glasses (including frames and lenses) and/or contacts including related examinations and fittings: 100% up to a maximum benefit of \$350 per member per calendar year. <p>For members ages 18 and younger:</p> <ul style="list-style-type: none"> One pair of glasses (frames and lenses) or one pair of contacts (or one year of disposable contacts) per calendar year. 	
Laser eye surgery	Covers 100% of allowable charges, up to the lifetime maximum benefit of \$1,000 per participant.	

For more specific information about your coverage and guidelines, review your Summary Plan Description at aka.ms/benefits

FREQUENTLY ASKED QUESTIONS

<p>How do I find an in-network vision provider?</p>	<p>Visit aka.ms/benefits and select Find a Provider under Top Tasks to search for in-network providers. If you have questions, contact the Microsoft-dedicated customer service team at 800-676-1411 (TTY: 711), Monday through Friday, 5 a.m. to 8 p.m. Pacific Time, or email Microsoft@premera.com.</p>
<p>My provider is asking for the name of my vision plan; what information do I provide?</p>	<p>Your vision benefits are covered under your Microsoft medical plan through Premera Blue Cross. Present your Premera ID Card at the time of your visit. Your in-network provider may submit a claim on your behalf.</p>
<p>Can I purchase glasses and/or contacts from a retail store or online retailer?</p>	<p>For vision exam and hardware to qualify under your Premera Vision Benefit, they must be prescribed and furnished by a licensed or certified vision care provider. Retailers such as Amazon are not certified vision care providers and are not covered.</p>
<p>How do I submit an out-of-pocket claim to Premera for claims reimbursement?</p>	<p>Complete a claim form by following the instructions on the first page of the form. Return the completed form to Premera along with the detailed receipt.</p>
<p>Are sunglasses or special features covered?</p>	<p>Prescription sunglasses, prescription safety glasses, and special features such as tinting or coating, may be covered under the plan up to the calendar year benefit maximum.</p> <p>Nonprescription eyeglasses (sunglasses or safety glasses) or other special-purpose vision aid (such as magnifying attachments) are not covered.</p>
<p>How often can I purchase new frames/lenses or contacts?</p>	<p>For members ages 19 and older:</p> <p>The benefit allows \$350 per calendar year for glasses (including frames and lenses) and/or contacts, including any special features and fitting fees. You can choose how you want to use the benefit up to the maximum amount of \$350. Charges that exceed what is covered under the benefit will be your responsibility.</p> <p>For members ages 18 and younger:</p> <p>The benefit allows one pair of glasses or one pair of contacts (or one year of disposable contacts) per calendar year.</p>
<p>I already used my hardware benefit for the calendar year. If I break or lose my glasses or contacts, will I be able to purchase a replacement?</p>	<p>Any charges that exceed what is covered under that benefit will not be allowed. If you are enrolled in a Health Care HSA, Health Care FSA, or Dental & Vision FSA and have receipts for eye care services or hardware not covered by your medical plan, you can reimburse yourself for expenses.</p>
<p>Is fundus photography covered?</p>	<p>Fundus photography, also known as optomapping, is only covered when medically necessary. More information can be found in our Fundus Photography Medical Policy. Your provider must request a prior authorization before the procedure is performed.</p>

For additional questions about your vision care benefit coverage, call the Microsoft-dedicated customer service team at **800-676-1411 (TTY: 711)**, Monday through Friday, 5 a.m. to 8 p.m. Pacific Time, or email Microsoft@premera.com.

Discrimination is Against the Law

Premera Blue Cross (Premera) complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Premera provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the Civil Rights Coordinator. If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-4535, Fax: 425-918-5592, TTY: 711, Email AppealsDepartmentInquiries@Premera.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can also file a civil rights complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint Portal available at <https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>, or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at <https://fortress.wa.gov/oic/onlineServices/cc/pub/complaintinformation.aspx>.

Language Assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-722-1471 (TTY: 711).
注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-722-1471 (TTY: 711)。
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-722-1471 (TTY: 711).
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-722-1471 (TTY: 711) 번으로 전화해 주십시오.
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-722-1471 (телетайп: 711).
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-722-1471 (TTY: 711).
УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки.
 Телефонуйте по номером 800-722-1471 (телетайп: 711).
ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតលុយ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 800-722-1471 (TTY: 711)។
注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。800-722-1471 (TTY:711) まで、お電話にてご連絡ください。
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XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajjila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 800-722-1471 (TTY: 711).
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-722-1471 (رقم هاتف الصم والبكم: 711).
ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 800-722-1471 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-722-1471 (TTY: 711).
ໂປດອຸບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ຄ່າສິ່ງຄ່າ, ຄວນມີພ້ອມໃຫ້ທ່ານ. ໂທ 800-722-1471 (TTY: 711).
ATANSYON: Si w pale Kreyòl Ayisyen, gen sévis èd pou lang ki disponib gratis pou ou. Rele 800-722-1471 (TTY: 711).
ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-722-1471 (ATS : 711).
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-722-1471 (TTY: 711).
ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-722-1471 (TTY: 711).
ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-722-1471 (TTY: 711).
توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800-722-1471 (TTY: 711) تماس بگیرید.