



## MyTruAdvantage Medicare Advantage Vision Benefit

Regular eye exams not only help to correct vision problems, but they can also reveal the warning signs of more serious undiagnosed health problems such as hypertension, cardiovascular disease and diabetes.

That’s why, at MyTruAdvantage, we offer Medicare Advantage vision benefits in addition to the care and services provided through our Medicare medical benefits.

Below is a summary of the vision benefits covered by MyTruAdvantage Medicare Advantage vision plan. This is not a complete list of services, limitations and exclusions. To see the complete list of services we cover, please visit [MyTruAdvantage.com](http://MyTruAdvantage.com). Or, just call 833.213.6731 (TTY: 711), 8 AM to 8 PM, 7 days a week.

MyTruAdvantage Select (HMO) Medicare Advantage Vision Benefit Summary	
<b>Routine eye exam copay</b> (one exam every year)	In-network: \$0 for each exam
<b>Medicare Covered Eye Exam</b>	In-network: \$0 for each exam
<b>Eyeglasses (frames and lenses) or Contact Lenses</b>	In network: \$150 annual allowance
<b>See the Evidence of Coverage for vision benefit details.</b>	

MyTruAdvantage Choice (PPO) Medicare Advantage Vision Benefit Summary	
<b>Routine eye exam copay</b> (one exam every year)	In-network: \$0 for each exam Out-of-Network: \$40 for each exam
<b>Medicare Covered Eye Exam</b>	In-network: \$0 for each exam Out-of-Network: \$40 for each exam
<b>Eyeglasses (frames and lenses) or Contact Lenses</b>	In network: \$150 annual allowance Out-of-network: 50%, up to \$150 annual allowance
<b>See your Evidence of Coverage at <a href="http://MyTruAdvantage.com">MyTruAdvantage.com</a></b>	

MyTruAdvantage has HMO and PPO plans with a Medicare contract. Enrollment in MyTruAdvantage depends on contract renewal. “Out-of-network/noncontracted providers are under no obligation to treat MyTruAdvantage members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.”

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# Using your Medicare Advantage Vision Benefits is easy

Our member website allows you to easily view your vision benefit information, print your ID card, check the status of your submitted claims, review your savings dashboard, and more!

You can also call our call center 866.800.5457, (TTY: 711), 8 AM to 8 PM, 7 days a week to speak to a live agent for assistance managing your benefit information.

Our Medicare Advantage vision plan network of providers is powered by EyeMed, which means every doctor in our network is carefully selected to ensure you have the flexibility to choose from right mix of independent, national retail and regional retail providers, including LensCrafters®, Target Optical®, and Pearle Vision®. Plus, we offer online, in-network options through LensCrafters.com, Ray-Ban.com, Glasses.com and ContactsDirect.com.

To schedule an appointment, simply visit our member website at [www.eyemed.com](http://www.eyemed.com) or call 855.984.7466 to select an in-network provider. Many of our network participating providers offer evening and weekend appointments, so you can select an appointment that fits your schedule. Once you arrive for your appointment, present your vision ID card or simply give the provider your name and date-of-birth. They'll take care of the rest.



LENSCRAFTERS®



No benefits will be paid for services or materials connected with or charges arising from: orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; medical and/or surgical treatment of the eye, eyes or supporting structures; 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; any Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; safety eyewear; plano (non-prescription) lenses; non-prescription sunglasses; two pair of glasses in lieu of bifocals; services or materials provided by any other group benefit plan providing vision care; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; or 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. Member receives a 20% discount on items not covered by the plan at EyeMed In-Network locations. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see EyeMed's online provider locator to determine which participating providers have agreed to the discounted rate. Discounts on vision materials may not be applicable to certain manufacturers' products EyeMed Vision Care reserves the right to make changes to the products on each tier and the member out-of-pocket costs. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Service and amounts listed above are subject to change at any time. Fees charged by a Provider for services other than a covered benefit must be paid in full by the Insured Person to the Provider. Such fees or materials are not covered under the Policy. Benefit allowances provide no remaining balance for future use within the same Benefit Frequency.

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