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EUTF & HSTA VB Retirees Vision Plan
Summary of Benefits Effective Jan. 1, 2027

VISION CARE SERVICES	IN-NETWORK	OUT-OF-NETWORK PLAN PAYS[1]
EXAM SERVICES (once every calendar year)		
Exam	$10 copayment	Up to $45
Retinal Imaging	Up to $39 copayment	Not covered
PRESCRIPTION GLASSES	$25 copayment[2]	
Frame (once every other calendar year)	$150 retail allowance; 20% off amount over $150[3]	Up to $47
Lenses (once every calendar year)		
Single Vision Lenses	$0 copayment	Up to $45
Lined Bifocal Lenses	$0 copayment	Up to $65
Lined Trifocal Lenses	$0 copayment	Up to $85
Standard Progressive Lenses	$0 copayment	Up to $85
Premium and Custom Progressive Lenses	$80-$160 copayment[3]	Up to $85
Lens Options		
Standard Polycarbonate Lenses, Children Up to Age 18	$0 copayment	Not covered
UV Treatment	$0 copayment	Not covered
All Other Lens Options	20% off retail price[3]	Not covered
Additional Pair of Glasses	40% off retail price[3]	Not covered
CONTACT LENSES (instead of glasses; once every calendar year)		
Fit and Evaluation	Up to $60 copayment	Not covered
Contacts: Elective	$130 allowance; 15% off amount over $130 for conventional lenses or 100% off balance over $130 for disposable lenses[3]	Up to $105
Contacts: Medically Necessary	$0 copayment	Up to $210
DIABETIC CARE SERVICES[4] (once every 6 months)		
Medical Follow-Up Eye Exam	$0 copayment	Up to $77
Fundus Photography Exam	$0 copayment	Up to $50
Extended Ophthalmoscopy (initial and subsequent)	$0 copayment	Up to $15
Gonioscopy	$0 copayment	Up to $15
Scanning Laser	$0 copayment	Up to $33

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[1] **Out-of-Network:** The member is required to pay the entire amount at the time of service and submit an Out-of-Network (OON) form and receipts. They will then be reimbursed up to the amount listed.

[2] **Routine benefit:** Plan allows the member to receive either glasses (frame, lens, lens options), or contacts. The prescription glasses in-network copayment applies to the purchase of lenses and/or frames. The frame allowance and lens copayments apply after the $25 copayment is paid.

[3] **Discounts are not insured benefits** and may not be available at all provider locations. Discounts may not be available at Costco, Walmart, or Sam's Club locations. To find participating providers that honor applicable discounts, visit HMSA Vision at hmsa.com/eutfvision. Exclusions for "all other lens options" may apply.

[4] **Diabetic Care Services:** In addition to the Exclusions in the Policy/Certificate, no benefits are payable for services connected with or charges arising from any Vision Materials; orthoptic or vision training, subnormal vision aids, and any associated supplemental testing; medical, pathological, and/or surgical treatment of the eye, eyes, or supporting structures; any Vision Examination required by a Policyholder as a condition of employment; or services, supplies, prescription medication, or treatment for diabetes, except as specifically included. Comprehensive descriptions of these services are available in the Certificate of Insurance.

EyeMed Vision Care is an independent company making available routine vision benefits on behalf of HMSA.

For more information
go to **hmsa.com/eutfvision**.
Or scan the QR code.