

State of Michigan Vision Plan Benefits for specialty glasses



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VDT/CRT or Computer Glasses

	Participating Providers	Non-participating Providers
Per pair of glasses	Once every 24 months or once every 12 months if prescription has changed. Only covered if prescription is in addition to, and different from, prescribed everyday eyewear.	
Eye exam	Initial eye exam covered if within 12 months of routine eye exam, and is not subject to co-pay. Subsequent evaluation included with routine eye exam.	
Single vision, plastic	100% of TPA approved amount	Up to \$17 allowance (member responsible for any cost exceeding the allowance)
Bifocal (includes blended)	100% of TPA approved amount	Up to \$30 allowance (member responsible for any cost exceeding the allowance)
Trifocal	100% of TPA approved amount	Up to \$43 allowance (member responsible for any cost exceeding the allowance)
Progressive lens (standard)	100% of TPA approved amount	Up to \$30 allowance (member responsible for any cost exceeding the allowance)
Special lenses	100% of TPA approved amount	Not covered
Tint (up to #2)	100% of TPA approved amount	Not covered
Eyeglass frames	\$100 allowance (member responsible for any cost exceeding the allowance)	Up to \$38.25 allowance (member responsible for any cost exceeding the allowance)



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State of Michigan Vision Plan Summary of Benefits for specialty glasses



Safety Eye-wear

	Participating Providers	Non-participating Providers
Replacement schedule	Members may obtain one pair of corrective lenses once every 24 months or once every 12 months if prescription has changed. Members may obtain either eyeglasses or contact lenses but not both.	
Single vision	100% of TPA approved amount	Not covered
Bifocal (includes blended)	100% of TPA approved amount	Not covered
Trifocal	100% of TPA approved amount	Not covered
Special lenses	100% of TPA approved amount	Not covered
Progressive lenses (standard)	100% of TPA approved amount	Not covered
Eyeglass frames	Up to \$65 allowance (member responsible for any cost exceeding the allowance)	Not covered
Rose tint #1 and #2	100% of TPA approved amount	Not covered