



# Between your Vision Care Benefit and your Medical Care Benefit... We've got you covered!

Which type of exam do you need today? Your Vision Care Benefit can be used for a **routine** vision exam and may also help reduce the cost of purchasing eyeglasses and contact lenses. Your Medical Care Benefit can be used for a more **comprehensive** medical evaluation as listed below. Ask your eye-care professional which benefit you will need today.

## You use your Vision Care Benefit for...



- A routine eye-health and wellness exam
- A prescription for eyeglasses
- Savings towards a contact lens evaluation and contact lenses (not all plans include this benefit)

During your routine vision exam, certain medical conditions may be discovered. Your medical benefits become available at that time. You are then responsible for any charges that are not covered by your vision care or medical care benefits.

## You use your Medical Care Benefit for...



### When you have medical symptoms such as:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Blurry vision related to a medical condition | <input type="checkbox"/> Headaches                   | <input type="checkbox"/> Double vision                  |
| <input type="checkbox"/> Dry eyes                                     | <input type="checkbox"/> Eye pain                    | <input type="checkbox"/> Eye twitching                  |
| <input type="checkbox"/> Allergies                                    | <input type="checkbox"/> Central or side vision loss | <input type="checkbox"/> Light sensitivity              |
| <input type="checkbox"/> Itchy/watery eyes                            | <input type="checkbox"/> Flashing lights             | <input type="checkbox"/> Pterygium                      |
| <input type="checkbox"/> Red/irritated eyes                           | <input type="checkbox"/> Floaters                    | <input type="checkbox"/> Other symptoms not listed here |
| <input type="checkbox"/> Lodged debris                                | <input type="checkbox"/> Spots                       |   |
|   | <input type="checkbox"/> Dark vision                 |   |

### When you have an existing or newly discovered eye-health or medical condition such as:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Diabetes                         | <input type="checkbox"/> Hypertension              | <input type="checkbox"/> Spasm of accommodation                   |
| <input type="checkbox"/> Cataracts                        | <input type="checkbox"/> Ocular hypertension       | <input type="checkbox"/> Amblyopia (lazy eye)                     |
| <input type="checkbox"/> Glaucoma                         | <input type="checkbox"/> Auto-immune disease       | <input type="checkbox"/> Strabismus                               |
| <input type="checkbox"/> Glaucoma suspect                 | <input type="checkbox"/> Uveitis                   | <input type="checkbox"/> Corneal disease                          |
| <input type="checkbox"/> Macular degeneration             | <input type="checkbox"/> Blepharitis (lid disease) | <input type="checkbox"/> Prism in glasses                         |
| <input type="checkbox"/> Conjunctivitis (pink eye)        | <input type="checkbox"/> High myopia               | <input type="checkbox"/> Stye                                     |
| <input type="checkbox"/> Ocular surface disease (dry eye) | <input type="checkbox"/> Retinal disease           | <input type="checkbox"/> Other medical conditions not listed here |
|   | <input type="checkbox"/> Keratoconus               |   |

Be sure to check with your carriers for clarification of your benefits, such as how often you are permitted to have a routine vision exam, any copays, out-of-pocket fees, deductibles, or if any kind of referral is required.



I understand the differences in benefits coverage and that I am responsible for all fees not covered by my carrier.

Print Patient Name

Patient Signature

Date