

2010 PDRMA Health Program Vision Plan

Vision Benefit	Benefit Payable
Two Options:	
Maximum Annual Benefit	\$200 per person per calendar year
Maximum Annual Benefit	\$400 per person per calendar year
Covered Services and Supplies	Coverage is provided for the reimbursement of the cost of complete routine vision examination including refraction, prescription lenses for glasses, sunglasses and contact lenses. Eyeglass frames or repair of eyeglass frames for prescription lenses is also covered.
Claim Filing Information	This is a reimbursement benefit. You will be required to pay the eye care service provider at the time of service. To receive your reimbursement, send the eye care service provider's itemized bill to HealthSmart Benefit Solutions, Inc. at P.O. Box 93670 in Lubbock, TX 79493-3670. Be sure the name of the employee and his/her unique identification number is shown on the bill. The reimbursement check will be sent directly to the employee.