



Kingsway School District

Vision Benefits – Active Employees

Eye Exam

Please refer to the below chart and your medical plan’s Summary of Benefits and Coverage for eye exam limitations. To find a participating provider, please call AmeriHealth Administrators at **844.352.1706** or visit **www.myahabenefits.com**

Vision Hardware Reimbursement

Please refer to the below chart and your medical plan’s Summary of Benefits and Coverage for eye exam limitations. See any vision provider and submit an AmeriHealth Administrators Medical Claim Form for reimbursement.

AmeriHealth Administrators NJ Educators Health Plan	In Network	Out of Network
Eye Exam	\$15 copay	30% coinsurance
Vision Hardware Reimbursement	Not Applicable	

AmeriHealth Administrators PPO 20	In Network	Out of Network
Eye Exam	No Charge	No Charge
Vision Hardware Reimbursement	\$100 Maximum/12 Months - Combined In and Out of Network	

AmeriHealth Administrators EPO 20/40, EPO 30/50, HSA \$1,350	In Network	Out of Network
Eye Exam	No Charge	Not Covered
Vision Hardware Reimbursement	\$100 Maximum/12 Months - Combined In and Out of Network	