



## Summary of Vision Benefits

### What your vision plan covers

Service and eyewear	Participating provider	Out of Network Provider	Eligibility	Date Eligible
<b>Exam copay: \$10.00</b>				
<b>Annual examination - every 12 months<sup>1</sup></b>				
Ophthalmologic exam	100%	\$40.00	ELIGIBLE	TODAY
Optometric exam	100%	\$40.00	ELIGIBLE	TODAY
<b>Eyeglass lenses<sup>2</sup> - every 12 months</b>				
<b>Standard Lenses</b>				
Single	100%	\$40.00	ELIGIBLE	TODAY
Bifocal	100%	\$60.00	ELIGIBLE	TODAY
Trifocal	100%	\$80.00	ELIGIBLE	TODAY
Progressive (no line bifocal)	Up to \$89.50	\$80.00	ELIGIBLE	TODAY
<b>Aphakic lenses</b>				
Aphakic monofocal	100%	\$125.00	ELIGIBLE	TODAY
Aphakic multifocal	100%	\$125.00	ELIGIBLE	TODAY
<b>Standard frame - every 24 months<sup>4</sup></b>				
Standard frame	Up to \$150.00	\$45.00	ELIGIBLE	TODAY
Wholesale	Up to \$99.06	\$45.00	ELIGIBLE	TODAY
Warehouse	Up to \$103.64	\$45.00	ELIGIBLE	TODAY
<b>Contact lenses<sup>7</sup> - every 12 months</b>				
<b>Elective (Cosmetic/Convenience)<sup>5</sup></b>				
Hard	Up to \$150.00	\$150.00	ELIGIBLE	TODAY
Soft	Up to \$150.00	\$150.00	ELIGIBLE	TODAY
<b>Non-Elective (Medically necessary)<sup>6</sup></b>				
Hard	100%	\$210.00	ELIGIBLE	TODAY
Soft	100%	\$210.00	ELIGIBLE	TODAY

1: The comprehensive eye examination is considered a separate service from a contact lens evaluation and fitting.

2: Standard lenses fit any frame with an eye size of 61 mm.

4: Retail frame benefits will be converted to wholesale-equivalent prices at certain provider locations, see provider directory or MES*Vision* website at [www.mesvision.com](http://www.mesvision.com).

5: In lieu of other eyewear, except when specifically provided. Disposable contact lenses should be purchased up to the maximum allowance. Any cost over contact lens allowance is a patient responsibility.

6: One pair, in lieu of other eyewear, except when specially provided. A report from the provider and approval from MES*Vision* is required.

7: Contact allowance per pair. For most plans, the contact lens allowance includes the fitting, evaluation, and materials. As a result, the amount available for contact lens materials is reduced by the contact lens fitting and evaluation charges.

### **General Exclusions and Limitations**

For additional Exclusions and Limitations, please see your [Evidence of Coverage or Certificate of Coverage](#). Benefits are not provided (unless exemptions to the following exclusions are made elsewhere) for:

- Any eye examination required by the employer as a condition of employment;
- Any covered services provided by another vision plan;
- Conditions covered by workers' compensation;
- Covered services for which the vision plan member is not legally obligated to pay;
- Covered services required by any government agency or program, federal, state or subdivision thereof;
- Covered services performed by a close relative or by an individual who ordinarily resides in the vision plan member's home;
- Medical or surgical treatments of the eyes;
- Non-prescription (plano) eyewear or sunglasses, except when specifically provided;
- Low vision testing orthoptics, subnormal vision aids or vision training, except when specifically provided;
- Contact lenses and contact lens fitting, except as specifically provided;
- Eyewear for which there is no prescription change, unless benefits are otherwise available;
- Replacement of lenses or frames which are lost, stolen or broken, except at the normal intervals;
- Additional charges for custom lens options (progressive, polycarbonate, photochromic, tints, coatings, etc.) are a patient responsibility.

This is only a summary of benefits. Please refer to the plan contract and the *Evidence of Coverage or Certificate of Coverage* for a detailed description of covered benefits and limitations.