

Summary of Vision Benefits

Full Service Plan - \$0 Copay

Underwritten by:



Comprehensive Vision Exam	One every 12 months
Lenses	One every 24 months*
Frame	One every 24 months
Contact Lenses ³	One every 24 months

The Policy provides full coverage for Covered Services when you go to an MESVision Participating Provider. If Covered Services are provided by a non-Participating Provider, charges will be paid, but not to exceed the following Schedule of Allowances:

	Participating Provider	non-Participating Provider ¹
Copay	\$0	\$0
Comprehensive Examination	Covered	Up to \$40
Single Vision Lenses	Covered	Up to \$30
Bifocal Lenses	Covered	Up to \$50
Trifocal Lenses	Covered	Up to \$65
Aphakic or Lenticular Lenses	Covered	Up to \$125
Frame	Covered ²	Up to \$40
Contact Lenses ³		
Medically Necessary ⁴	Covered	Up to \$250
Cosmetic or Convenience	Up to \$100	Up to \$100

1. Non-Participating benefits are underwritten by Gerber Life Insurance Company.
 2. Participating Providers allow a selection of frames that retail up to **\$90** with lenses that fit an eyesize less than 61 millimeters. If a more expensive frame is selected, you are responsible for the additional cost above **\$90**. If the lenses are 61 millimeters or above, the charge for oversize lenses is your responsibility.
 3. This benefit is in addition to the comprehensive vision examination, but in lieu of lenses and frame. If contact lenses are for cosmetic or convenience purposes, the Policy will pay up to **\$100** toward the contact lens evaluation, fitting costs and materials. Any balance is your responsibility. If contact lenses are Medically Necessary, they are a fully covered benefit. Approval from MES is required. Please refer to your Policy if you require additional information.
 4. Medically Necessary contact lenses are defined as contact lenses prescribed following cataract surgery; or when visual acuity cannot be corrected to 20/40 except with the use of contact lenses for certain conditions of keratoconus and anisometropia; or for certain conditions of myopia, hyperopia or astigmatism. Prior approval from MES is required.
- * Coverage available every 12 months if there is a change in prescription:
- A change in prescription of 0.50 diopter or more in both eyes;
 - A shift in astigmatism of 15 degrees; or
 - A difference in vertical prism greater than 1 prism diopter.

A 20% discount is available for cosmetic extras, such as tints, coatings and other add-on charges to standard lenses, after Covered Services are rendered. The discount may be applied to charges for the frame or contact lenses (except disposable or replacement contact lenses) over the stated allowances. The 20% discount also applies to additional pairs of glasses and/or pairs of standard contact lenses. To determine whether a provider offers the 20% discount, an insured individual can check with the Participating Provider, call MESVision, or visit www.mesvision.com. Discounts are also available through TLCVision for conventional and custom LASIK procedures and with the TLCVision Advantage Program.

To find a participating provider, an insured individual can visit www.mesvision.com or call MESVision at (800) 877-6372.

This is a brief outline of the vision benefits and is not to be accepted or construed as a substitute for provisions of the Policy.

TO EASILY OBTAIN SERVICES

- Select a Participating Provider from the MESVision directory or visit www.mesvision.com.
- Make an appointment directly with the provider of your choice and inform them of your coverage.
- Participating Providers will have claim forms available. If you select a non-Participating Provider, claim forms are available at www.mesvision.com, or from your employer.
- At your appointment, you will pay any applicable copayment and optional eyewear costs. If you select a Participating Provider, the provider will submit the claim. If you select a non-Participating Provider, please mail your completed claim form to:

MESVision
P.O. Box 25209
Santa Ana, CA 92799-5209

EXCLUSIONS

Benefits will not be payable under the Policy for expenses incurred for any of the following:

- Any eye examination required by an employer as a condition of employment;
- Any covered services provided by another vision plan;
- Conditions covered by Workers' Compensation;
- Contact lens insurance or care kits;
- Covered services which began prior to the enrollee's effective date, or after the benefit has terminated;
- Covered services for which the Insured 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 enrollee's home;
- Medical or surgical treatment of the eyes;
- Non-prescription (plano) eyewear;
- Orthoptics, subnormal vision aids or vision training;
- Services that are experimental or investigational in nature;
- Services for treatment directly related to any totally disabling condition, illness or injury.

LIMITATIONS

The following benefits are subject to limitations under the Policy:

- Contact lenses, except as specifically provided;
- Contact lens fitting, except as specifically provided;
- Eyewear when there is no prescription change, except when benefits are otherwise available;
- Lenses or frames which are lost, stolen, or broken will not be replaced, except when benefits are otherwise available;
- Lenses such as no-line (blended type), progressive, beveled, faceted, coated or oversize exceeding the allowance for covered lenses;
- Tints, other than pink or rose #1 or #2, except as specifically provided;
- Two pairs of glasses in lieu of bifocals, unless prescribed.

If you have any questions about the vision benefits, please contact MESVision by mail at P.O. Box 25209; Santa Ana, CA 92799-5209; by phone at (714) 619-4660 or toll-free at (800) 877-6372; or online at www.mesvision.com.

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