

Full Service Plan – \$10 Copay

SUMMARY OF VISION BENEFITS



THIS IS A BRIEF OUTLINE OF THE PLAN AND IS NOT TO BE ACCEPTED OR CONSTRUED AS A SUBSTITUTE FOR THE PROVISIONS OF THE CONTRACT.

Underwritten by:



BENEFITS

Comprehensive Vision Exam.....	One every 12 months
Lenses*	One pair every 24 months
Frame	One frame every 24 months
Contact Lenses*	One pair every 24 months

*Lenses are available at 12 months if there is the following prescription change:

- A change in prescription of 0.50 diopter or more;
- A shift in axis of astigmatism of 15 degrees; or
- A difference in vertical prism greater than 1 prism diopter.

The Policy provides full coverage for Covered Services when you go to a Participating Provider of the MESVision network. 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
Copay	\$10	\$10
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
Progressive Lenses	Up to \$86.81	Up to \$65
Aphakic or Lenticular Monofocal	Covered	Up to \$125
Aphakic or Lenticular Multifocal	Covered	Up to \$125
Frame	Up to \$100 ¹	Up to \$40
Contact Lenses ²		
Medically Necessary	Covered	Up to \$250
Cosmetic or Convenience	Up to \$100	Up to \$100

1. Participating Providers allow a selection of frames that retail up to \$100 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 \$100. If the lenses received are 61 millimeters or above, the charge for the oversize lenses is your responsibility. Retail frame benefits will be converted to wholesale equivalent prices at certain provider locations; see the MESVision website or provider directory for further information.
2. 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 MESVision is required. Please refer to your Policy if you require additional information.

DISCOUNTS

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 participating provider offers the 20% discount, an insured individual can review their Participating Provider Directory, call MESVision or visit www.mesvision.com. Discounts are available through TLCVision for conventional and custom LASIK procedures 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.

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TO EASILY OBTAIN SERVICES

- Select a Participating Provider by visiting www.mesvision.com or from the MESVision directory. Obtaining services from a Participating Provider will maximize your benefits.
- Make an appointment with the Participating Provider of your choice and inform them of your vision coverage.
- You're done! Your doctor will take care of the rest. The Participating Provider will contact MESVision to verify your eligible benefits and submit a claim form for payment for services covered by your plan.
- If Covered Services are received from a Non-Participating Provider, you are responsible for paying the provider in full. You or the provider must submit the itemized bill and a copy of your prescription with the Claim Form to MESVision. Reimbursement will be made to the insured person up to the schedule of allowances shown for Non-Participating Providers.

EXCLUSIONS

- 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;
- Contact lens insurance or care kits;
- Frame cases;
- Covered Services which began prior to the Enrollee's effective date or after benefits have been terminated;
- Charges for which the Enrollee 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;
- Orthoptics, vision training or Subnormal or Low Vision Aids;
- Services that are Experimental or Investigational in nature;
- Services for treatment directly related to any totally disabling condition, illness or injury;
- Lenses or frames which are lost, stolen or broken will not be replaced, except when benefits are otherwise available;
- In connection with war or any act of war, whether declared or undeclared;
- A condition or accident occurring while on full-time active duty in the armed forces of any country or combination of countries.

LIMITATIONS

- Contact Lenses and fitting except as specifically provided;
- Eyewear when there is no prescription change, except when benefits are otherwise available;
- Non-standard lenses, including but not limited to Progressive, Photochromic, Hi-index, Polycarbonate, occupational lenses, beveled, faceted, coated or oversize;
- Tints other than pink or rose #1 or #2, except as specifically provided;
- Two pairs of glasses in lieu of bifocals, unless prescribed;
- New-patient intermediate examinations: when an Enrollee selects a different provider to perform the intermediate examination, the Enrollee will be responsible for the difference between the intermediate examination allowance and the comprehensive examination allowance. To maximize benefits, the patient should return to the original provider;
- Non-prescription (Plano) eyewear, except when specifically covered.

If you have any questions about your vision benefits, please contact MESVision at:

P.O. Box 25209
Santa Ana, CA 92799
(800) 877-6372
www.mesvision.com