Western Health Advantage

EYEWEAR ONLY – $0 COPAY

VISION BENEFITS

SUMMARY OF 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. Covered Services are defined in the MESVision Evidence of Coverage; request a copy from MESVision Customer Service.

BENEFITS

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.
Frame	One frame every 24 months	
Contact Lenses*	One pair every 24 months	

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	$0	$0
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 $130[1]	Up to $40
Contact Lenses[2]		
Medically Necessary	Covered	Up to $250
Cosmetic or Convenience	Up to $130	Up to $130

1. Participating providers allow a selection of frames that retail up to $130 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 $130. 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 MESVision 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 $130 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 a 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 the MESVision Directory, call MESVision or visit mesvision.com. Discounts are available through TLCVision for conventional and custom LASIK procedures with the TLCVision Advantage Program.

MESVision®

FIND A PROVIDER

Annual eye exams are covered under your medical plan with a WHA participating provider. To schedule an exam, visit WHA's website at westernhealth.com/directory to locate a participating provider in your area.

For eyewear services, call MESVision at 800.877.6372 or visit their website at mesvision.com to locate an MESVision participating provider. A copy of MESVision's Evidence of Coverage can be requested by contacting MESVision Customer Service Department, available Monday through Friday, 8 a.m. to 5 p.m.

TO EASILY OBTAIN SERVICES

- Select a participating provider by visiting 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.

Western Health Advantage complies with applicable Federal and California civil rights laws and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability, as applicable. Western Health Advantage does not exclude people or treat them differently because of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability.

Western Health Advantage:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact the Member Services Manager at 888.563.2250 and find more information online at https://www.westernhealth.com/legal/non-discrimination-notice/.

If you believe that Western Health Advantage has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ancestry, religion, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation age, or disability, you can file a grievance by telephone, mail, fax, email, or online with: Member Services Manager, 2349 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833, 888.563.2250 or 916.563.2250, 888.877.5378 (TTY), 916.568.0126 (fax), memberservices@westernhealth.com, https://www.westernhealth.com/legal/grievance-form/. If you need help filing a grievance, the Member Services Manager is available to help you. For more information about the Western Health Advantage grievance process and your grievance rights with the California Department of Managed Health Care, please visit our website at https://www.westernhealth.com/legal/grievance-form/.

If there is a concern of discrimination based on race, color, national origin, age, disability, or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at:

Website: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf; Mail: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201; Phone: 800.368.1019 or 800.537.7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

ENGLISH
If you, or someone you're helping, have questions about Western Health Advantage, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 888.563.2250 or TTY 888.877.5378.

SPANISH
Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Western Health Advantage, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 888.563.2250, o al TTY 888.877.5378 si tiene dificultades auditivas.

CHINESE
如果您，或是您正在協助的對象，有關於 Western Health Advantage**方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話**888.563.2250**或聽障人士專線**(TTY) 888.877.5378**。**

VIETNAMESE
Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Western Health Advantage, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi số 888.563.2250, hoặc gọi đường dây TTY dành cho người khiếm thính tại số 888.877.5378.

TAGALOG
Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Western Health Advantage, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 888.563.2250 o TTY para sa may kapansanan sa pandinig sa 888.877.5378.

KOREAN
만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Western Health Advantage에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담 없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 888.563.2250이나 청각 장애인용 TTY 888.877.5378로 연락하십시오.

ARMENIAN
Եթե Դուք կամ Ձեր կողմից օգնություն ստացող անձը հարցեր ունի Western Health Advantage-ի մասին, Դուք իրավունք ունեք անվճար օգնություն և տեղեկություններ ստանալու Ձեր նախընտրած լեզվով: Թարգմանչի հետ խոսելու համար զանգահարե՛ք 888.563.2250 համարով կամ TTY 888.877.5378՝ լսողության հետ խնդիրներ ունեցողների համար:

PERSIAN-FARSI
اگر شما، یا کسی که شما به او کمک میکنید ، سوال در مورد Western Health Advantage (وسترن هلث اَدونتیج) داشته باشید حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید. لطفا با شماره تلفن 888.563.2250 تماس بگیرید. افراد ناشنوا می توانند به شماره888.877.5378 پیام تایپی ارسال کنند.

RUSSIAN
Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Western Health Advantage, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 888.563.2250 или воспользуйтесь линией TTY для лиц с нарушениями слуха по номеру 888.877.5378.

JAPANESE
ご本人様、またはお客様の身の回りの方でも、Western Health Advantageについてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、888.563.2250までお電話ください。聴覚障がい者用TTYをご利用の場合は、888.877.5378までお電話ください。

ARABIC
إن كان لديك أو لدى شخص تساعده أسئلة بخصوص Western Health Advantage، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة. للتحدث مع مترجم اتصل بـ 888.563.2250، أو برقم الهاتف النصي (TTY) لضعاف السمع 888.877.5378.

PUNJABI
ਜੇਕਰ ਤੁਸੀਂ, ਜਾਂ ਜਿਸ ਕਿਸੇ ਦੀ ਤੁਸੀਂ ਮਦਦ ਕਰ ਰਹੇ ਹੋ, ਦੇ Western Health Advantage ਬਾਰੇ ਸਵਾਲ ਹਨ ਤਾਂ, ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਅਤੇ ਜਾਣਕਾਰੀ ਹਾਸਲ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਦੁਭਾਸੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ, 888.563.2250 'ਤੇ ਜਾਂ ਪੂਰੀ ਤਰ੍ਹਾਂ ਸੁਣਨ ਵਿੱਚ ਅਸਮਰਥ ਟੀਟੀਵਾਈ ਲਈ 888.877.5378 'ਤੇ ਕਾਲ ਕਰੋ।

CAMBODIAN-MON-KHMER
ប្រសិនបើអ្នក ឬនរណាម្នាក់ដែលកំពុងជួយអ្នក មានសំណួរអំពី Western Health Advantage ទេ, អ្នកមានសិទ្ធិទទួលជំនួយនឹងព័ត៌មាន នៅក្នុងភាសារបស់អ្នក ដោយមិនអស់ប្រាក់។ ដើម្បីនិយាយជាមួយអ្នកបកប្រែ សូមទូរស័ព្ទ 888.563.2250 ឬ TTY សម្រាប់អ្នកក្រចៀកធ្ងន់ តាមលេខ 888.877.5378។

HMONG
Yog koj, los yog tej tus neeg uas koj pab ntawd, muaj lus nug txog Western Health Advantage, koj muaj cai kom lawv muab cov ntshiab lus qhia uas tau muab sau ua koj hom lus pub dawb rau koj. Yog koj xav nrog ib tug neeg txhais lus tham, hu rau 888.563.2250 los sis TTY rau cov neeg uas tsis hnov lus zoo nyob ntawm 888.877.5378.

HINDI
यदि आप, या जिस किसी की आप मदद कर रहे हो, के Western Health Advantage के बारे में प्रश्न हैं तो, आपको अपनी भाषा में मदद तथा जानकारी प्राप्त करने का अधिकार है। दुभाशिए के साथ बात करने के लिए, 888.563.2250 पर या पूरी तरह श्रवण में असमर्थ टीटीवाई के लिए 888.877.5378 पर कॉल करो।

THAI
หากคุณ หรือคนที่คุณกำลังช่วยเหลือมีคาถามเกี่ยวกับ Western Health Advantage คุณมีสิทธิที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของคุณได้โดยไม่มีค่าใช้จ่าย เพื่อพูดคุยกับล่าม โทร 888.563.2250 หรือใช้TTY สำหรับคนหูหนวกโดยโทร 888.877.5378