



SANTA BARBARA CITY COLLEGE

You are enrolled in one of the leading vision plans in the country. Your employer understands the importance of good visual health and the need for regular eye examinations. This Vision Plan, administered by Medical Eye Services (MES*Vision*), is designed to provide you with access to qualified eye care professionals and coverage for a comprehensive vision examination and materials (eye glasses or contact lenses).

Along with MES*Vision*'s outstanding customer service, you and your eligible dependents now have access to over 17,000 participating providers including Ophthalmologists, Optometrists and Opticians/Optical Chain locations.

OBTAINING SERVICES IS EASY

Follow these simple steps:

1. **Select a provider.** Select a participating vision care provider by visiting www.MESVision.com. Obtaining services from a Participating Provider will maximize your benefits.
2. **Make an appointment.** Make an appointment with the Participating Provider of your choice and inform them of your vision coverage.
3. **You're done! Your doctor will take care of the rest.** The Participating Provider will contact MES*Vision* to verify your eligible benefits and submit a claim for payment for services covered by your plan.
4. 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 MES*Vision*. Reimbursement will be made to the insured person up to the schedule of allowances shown for non-participating providers.

LIMITATIONS

Contact Lenses and 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 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 pair of glasses in lieu of bifocals, unless prescribed.

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.

SUMMARY OF VISION BENEFITS

Benefits:

- Co-pay: \$0
- Comprehensive Examination: One every calendar year
- Lenses*: One pair every other calendar year
- Frame: One every other calendar year
- Contact Lenses*: One pair every other calendar year

*Lenses are available every calendar year if there is the following prescription change: a change in prescription of 0.50 diopter or more in one or both eyes; or 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 MES*Vision* 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 |
|----------------------------------|------------------------|----------------------------|
| Ophthalmologic Examination | Covered | Up to \$ 40.00 |
| Optometric Examination | Covered | Up to \$ 40.00 |
| Single Vision Lenses | Covered | Up to \$ 30.00 |
| Bifocal Lenses | Covered | Up to \$ 50.00 |
| Trifocal Lenses | Covered | Up to \$ 65.00 |
| Progressive Lenses | Up to \$89.50 | Up to \$ 65.00 |
| Aphakic or Lenticular Monofocal | Covered | Up to \$ 125.00 |
| Aphakic or Lenticular Multifocal | Covered | Up to \$ 125.00 |
| Frame | Up to \$130.00 | Up to \$ 40.00 |
| Contact Lenses ** | | |
| Medically Necessary | Covered | Up to \$ 250.00 |
| Cosmetic or Convenience | Up to \$105.00 | Up to \$ 100.00 |

* Participating Providers allow a selection of frames that retail up to **\$130.00** 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 **\$130.00**. 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 our website or provider directory for further information.

** 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 **\$105.00** 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*Vision* 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 provider offers the 20% discount, an insured individual can review their Participating Provider Directory, call MES*Vision* or visit www.MESVision.com. Discounts are available through TLC*Vision* for conventional and custom LASIK procedures with the TLC*Vision* Advantage Program.

If you have any questions about your vision benefits, please contact Medical Eye Services at:

PO Box 25209; Santa Ana, CA 92799
800/877-6372 or www.MESVision.com