



SUMMARY OF VISION BENEFITS

PLAN A / \$10 EXAM CO-PAY

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 MESVision 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 MESVision. 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.

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 of 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; Covered Services obtained from a Non-Participating Provider; 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 or any country or combination of countries.

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.

Benefits:

- Co-pay: \$10.00 Exam
- Comprehensive Vision Exam: 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

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
Comprehensive 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
Polycarbonate Lenses*	Up to \$ 85.00	Not covered
Aphakic Monofocal	Covered	Up to \$ 125.00
Aphakic Multifocal	Covered	Up to \$ 125.00
Frame**	Up to \$150.00	Up to \$ 40.00
Contact Lenses ***		
One pair Non-Elective	Covered	Up to \$ 250.00
Elective	Up to \$150.00	Up to \$ 100.00

* For Dependent Children to age 18.

** Participating Providers allow a selection of frames that retail up to **\$150.00** 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 **\$150.00**. If the lenses received are 61 millimeters or above, the charge for the oversize lenses is your responsibility. "The retail frame allowance will be converted to wholesale or warehouse equivalent prices at category 5 or 6 provider locations (please refer to the Plan's website at www.MESVision.com). The wholesale or warehouse equivalent may be approximately 30% less than the retail frame allowance; please confirm this benefit before ordering your eyewear."

***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 **\$150.00** toward the contact lens evaluation, fitting costs and materials. Any balance is your responsibility. If contact lenses are medically necessary, one pair is covered in full. 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 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.

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