

VISION BENEFITS

Under the plan, you don't have to choose a vision care provider from a network, you can go to any provider you choose. Dependents are covered until the end of the month they turn 26.

Coverage Information

- **Vision Exam – Covered at 100% every 12 months – has to be at least 12 months between exams.**
- **Lenses – 1 pair of lenses every 12 months – has to be at least 12 months between the purchase of lenses**
 - **Single Vision Lenses - \$75 per pair**
 - **Bifocal Lenses - \$100 per pair**
 - **Trifocal Lenses - \$125 per pair**
 - **Lenticular Lenses - \$200 per pair**
- **\$170 toward frames every 24 months – has to be at least 24 months between purchases.**

Please have provider bill the lenses as either single, bifocal or trifocal, NOT progressive lenses. Since our plan pays different amounts for different lenses, Medical Mutual needs to know exactly what the lenses are.

- **Contact Lenses – you get \$150 every 12 months (has to be at least 12 months between, towards the cost of contact lenses. If you purchase contacts, lenses in a pair of glasses will not be covered in the same year. You get one or the other each year.**
- **Medically Necessary Contact Lenses - \$400 per pair. Eligible for Medically Necessary Contacts are:**
 - **Lenses that are necessary after cataract surgery;**
 - **Visual acuity cannot be correct to 20/70 in either eye with other lenses, but can be correct to at least 20/70 in either eye with contact lenses, or;**
 - **The lenses are necessary for the treatment of anisometropia for keratoconus.**



MEDICAL MUTUAL®

Stark County Schools Council of Governments
Traditional Vision Benefit Summary

General Information	
Dependent Age	26
Dependent Removal	End of Month
Claims Filing Limit	12 months
How Claims are Paid	
Vision Examinations Frequency Limit	1 every rolling 12 months
Vision Examinations	Covered at 100% for either spectacle or contact lens examination
Lenses-Prescription	
Lenses Frequency Limit	1 pair every rolling 12 months
Single Vision	\$75 allowance per pair
Bifocal	\$100 allowance per pair
Trifocal	\$125 allowance per pair
Lenticular	\$200 allowance per pair
Lenses-Contacts	
Contacts are provided in lieu of	Lenses and Frames
Cosmetic Lenses	\$150 allowance every rolling 12 months
Medically Necessary Lenses	\$400 allowance every rolling 12 months
Frames	
Frames Frequency Limit	1 every rolling 24 months
Frames	\$170 per frame

Notes

Progressive Lenses - In order to receive reimbursement for Progressive lenses the provider must bill for a Bifocal or Trifocal lens.

Medically Necessary Contact Lenses - The allowance for medically necessary contact lenses will be paid only if:

- (a) the lenses are necessary following cataract surgery;
- (b) visual acuity cannot be correct to 20/70 in either eye with other lenses, but can be correct to at least 20/70 in either eye with contact lenses; or
- (c) the lenses are necessary for the treatment of anisometropia for keratoconus.