

## Summary of Vision Benefits



### WOODLAND JOINT UNIFIED SCHOOL DISTRICT-Classic Plan

**Benefits:**

Comprehensive Vision Examination	One every 24 months; and follow-up at a 12 months interval
Spectacle Lenses*	One pair every 12 months; or every 24 months if the prescription change so indicates or
Contact Lenses*	One pair every 12 months; or every 24 months if the prescription change so indicates
Frame	One frame 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 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 MESVision Network (MES). 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	Maximum Copay	Non-Participating Provider
Ophthalmologic Examination	Covered		Up to \$ 60.00
Optometric Examination	Covered		Up to \$ 50.00
Follow-Up Examination	Covered		Up to \$ 30.00
Single Vision Lenses	Covered		Up to \$ 43.00
Bifocal Lenses	Covered		Up to \$ 60.00
Trifocal Lenses	Covered		Up to \$ 75.00
Progressive Standard Lenses (Tier 1, i.e. traditional lens design)**	Covered		Up to \$ 75.00
Progressive Premium Lenses (Tier 2, i.e. digitally-processed)**		Up to \$ 90.00	Up to \$ 75.00
Progressive Premium Lenses (Tier 3 and above, i.e. most advanced technology)**		See Limitations	Up to \$ 75.00
Polycarbonate Lenses*** (for dependent children, progressive lenses not included)	Covered		Up to \$ 55.00
Polycarbonate Lenses for adults		Up to \$ 30.00	N/A
Polycarbonate Standard Progressive Lenses (Tier 1)		Up to \$ 30.00	N/A
Polycarbonate Premium Progressive Lenses (Tier 2)		Up to \$120.00	N/A
Polycarbonate Premium Progressive Lenses (Tier 3)		See Limitations	N/A
Photochromic Lenses		Up to \$ 65.00	N/A
Photochromic Standard Progressive Lenses (Tier 1)		Up to \$ 65.00	N/A
Photochromic Premium Progressive Lenses (Tier 2)		Up to \$155.00	N/A
Photochromic Premium Progressive Lenses (Tier 3)		See Limitations	N/A
Polycarbonate Photochromic Standard Progressive (Tier 1)		Up to \$95.00	N/A
Polycarbonate Photochromic Premium Progressive (Tier 2)		Up to \$185.00	N/A
Polycarbonate Photochromic Premium Progressive (Tier 3)		See Limitations	N/A
Basic Scratch Coating (non-custom)	Covered		N/A
Basic UV Coating (non-custom)	Covered		N/A
Anti-Reflective Standard Coating		Up to \$ 20.00	N/A
Anti-Reflective Premium Coating		Up to \$ 40.00	N/A
Anti-Reflective Ultra Coating		See Limitations	
Solid Tints		Up to \$ 20.00	N/A
Aphakic or Lenticular Lenses	Covered		Up to \$ 200.00
Frame Retail****	Up to \$ 90.00		Up to \$ 40.00
Contact Lenses *****			
Medically Necessary	Paid-in-Full		Up to \$ 250.00
Cosmetic or Convenience	Up to \$105.00		Up to \$ 100.00
Contact Lens Fitting for Cosmetic only		Up to \$ 60.00	N/A

\*\* Please ask your participating provider for their product list by tier.

\*\*\*\* Polycarbonate Lenses for dependent children up to age 19 are covered in full (progressive lenses not included.)

\*\*\* Participating Providers allow a selection of frames that retail up to **\$90.00** 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 **\$90.00**. If the lenses are 61 millimeters or above, the charge for 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](http://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.

\*\*\*\*\*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.

A 20% discount is available from selected MESVision providers for cosmetic extras such as tints, coatings and other add-on charges to standard lenses. 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 an additional routine exam or materials when benefits are not otherwise available.

Please visit our website at [www.MESVision.com](http://www.MESVision.com) to determine whether your provider offers the 20% discount. Additionally, you may call MES' Customer Care Center at 800/877-6372.

### **How to Use Your Benefits**

Make an appointment with the eyecare specialist of your choice. Participating Provider information and MESVision Claim Forms can be obtained by visiting [www.MESVision.com](http://www.MESVision.com) or by contacting MES. You do not need to provide a Claim Form when visiting a Participating Provider.

At the time of your appointment, inform the provider of your vision coverage and identify yourself as having MESVision.

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 an itemized billing 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; Non-standard lenses, including, but not limited to hi-index, occupational lenses, beveled, faceted, coated or oversize; Tints except as specifically provided; Two pair of glasses in lieu of bifocals, unless prescribed; Non-prescription (Plano) eyewear, except when specifically covered.

### **Exclusions**

Benefits will not be payable under the Policy for expenses incurred for:

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; 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 vision benefits and is not to be accepted or construed as a substitute for provisions of the Policy. These benefits are not available in all states.**

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



PO Box 25209; Santa Ana, CA 92799  
800/877-6372 or [www.MESVision.com](http://www.MESVision.com)