

Summary of Vision Benefits



WOODLAND JOINT UNIFIED SCHOOL DISTRICT – Enhanced Plan

Benefits:

Comprehensive Vision Examination	One every 12 months
Spectacle Lenses*	One pair every 12 months; or
Contact Lenses*	One pair every 12 months;
Frame	One frame every 24 months

The Policy provides full coverage for Covered Services when you go to a Participating Provider of The MESV^{ision} 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 \$ 130.00		Up to \$ 75.00
Contact Lenses *****			
Medically Necessary	Paid-in-Full		Up to \$ 250.00
Cosmetic or Convenience	Up to \$130.00		Up to \$ 130.00
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 **\$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 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). 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 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 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