Summary Of Vision Benefits

OBTAINING SERVICES IS EASY
With this vision plan, you have access to an extensive network of vision care providers in California and nationwide.* When you use a participating provider for your eye care, there's no additional charge for most services.

FOLLOW THESE SIMPLE STEPS:

1. **Select a provider.** Select a participating vision care provider by visiting www.mesvision.com.
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 services covered by your plan.

At your appointment, you will pay any applicable copayment and optional eyewear costs (if any). If you select a Participating Provider, the provider will submit the claim. If you select a Non-Participating Provider, please mail your completed claim form to P.O. Box 25209, Santa Ana, CA 92799-5209. We recommend that you file your claim within 3-6 months from the date of service. Submitting your claim later than this may result in a submission deadline denial.

WHAT YOUR VISION PLAN COVERS

Service and eyewear	Coverage when provided by participating provider	Maximum payment when provided by non-participating provider
Eyeware Copay $15.00		
Exam Copay $10.00		
Annual examination - every 12 months[1]		
Ophthalmologic exam	100%	$40.00
Optometric exam	100%	$40.00
Standard lenses [2] **- every 12 months**		
Single	100%	$30.00
Bifocal	100%	$50.00
Trifocal	100%	$65.00
Aphakic monofocal	100%	$125.00
Aphakic multifocal	100%	$125.00
Progressive (Standard) [8]	100%	$65.00
Progressive (Premium) [9]	Up to $89.50	$65.00
Progressive (Ultra)	Up to $89.50	$65.00
Polycarbonate lenses for covered dependent children (through 18)		
Single	Up to $85.00	$55.00
Bifocal	Up to $85.00	$55.00

Service and eyewear	Coverage when provided by participating provider	Maximum payment when provided by non-participating provider
Standard frame - every 24 months [4]		
Standard frame	Up to $130.00	$75.00
Contact lenses[7] **- every 12 months**		
Elective (Cosmetic/Convenience) 5	Up to $130.00	$130.00
Non-Elective (Medically necessary) [6]		
Hard	100%	$250.00
Soft	100%	$250.00

* Nationwide vision providers are available by arrangement through MES*Vision*. Please visit our website www.mesvision.com to search for providers by state, city zip code or name.

[1]: The comprehensive eye examination is considered a separate service from a contact lens evaluation and fitting.

[2]: Standard lenses fit any frame with an eye size of 61 mm.

[4]: Retail frame benefits will be converted to wholesale-equivalent prices at certain provider locations, see provider directory or MES*Vision* website at www.mesvision.com.

[5]: In lieu of other eyewear, except when specifically provided. Disposable contact lenses should be purchased up to the maximum allowance. Any cost over contact lens allowance is a patient responsibility.

[6]: One pair, in lieu of other eyewear, except when specically provided. A report from the provider and approval from MES*Vision* is required.

[7]: Contact allowance per pair. For most plans, the contact lens allowance includes the fitting, evaluation, and materials. As a result, the amount available for contact lens materials is reduced by the contact lens fitting and evaluation charges.

[8]: Standard progressive lenses (also referred to as no-line bifocals) allow the patient to see distance, mid-range and near clearly; however, there may be some peripheral distortion. Standard progressive lenses also need to be a minimum height in order to transition properly between distance and near vision. Standard progressive lenses are a covered-in-full benefit.

[9]: Premium progressive lenses are digitally surfaced so they provide a wider reading area, less peripheral distortion and less height restrictions than standard progressive lenses. Premium progressive lenses with higher levels of customization, including high definition lenses, are not a covered-in-full benefit; the patient is responsible for the balance between the maximum plan benefit and the provider's usual and customary charge.

General Exclusions and Limitations

For additional Exclusions and Limitations, please see your Evidence of Coverage or Certificate of Coverage. Benefits are not provided (unless exemptions to the following exclusions are made elsewhere) 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;
- Covered services for which the vision plan member 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 vision plan member's home;
- Medical or surgical treatments of the eyes;
- Non-prescription (plano) eyewear or sunglasses, except when specifically provided;
- Low vision testing orthoptics, subnormal vision aids or vision training, except when specifically provided;
- Contact lenses and contact lens fitting, except as specifically provided;
- Eyewear for which there is no prescription change, unless benefits are otherwise available;
- Replacement of lenses or frames which are lost, stolen or broken, except at the normal intervals;
- Additional charges for custom lens options (progressive, polycarbonate, photochromic, tints, coatings, etc.) are a patient responsibility.

This is only a summary of benefits. Please refer to the plan contract and the *Evidence of Coverage* or *Certificate of Coverage* for a detailed description of covered benefits and limitations.