

# Vision Plan through Associations

Effective December 01, 2018 - November 30, 2019

MEDICAL EYE SERVICES (MES)		
12/12/24 PLAN		
Vision Benefits	In-Network	Out-of-Network
Deductible		
Exams	\$10 deductible	\$10 deductible
Material	\$25 deductible	\$25 deductible
Exam	1 comprehensive exam in any 12 consecutive months	
Comprehensive Exam	No Charge	Up to \$40
Lenses (per pair)	1 pair of standard lenses in any 12 consecutive months	
Frames	1 standard frame in any 24 consecutive months	
	Up to retail cost of \$130	Up to \$75
Contact Lenses * Contact lenses are in lieu of lenses and frames	1 pair of standard lenses in any 12 consecutive months	
Cosmetic/Convenience	Up to \$130	Up to \$130
Medically Necessary	No Charge	Up to \$250

Rates Effective 12/1/2018			
	Subscriber	Subscriber & Spouse OR Subscriber & (1) Child	Subscriber & Family
Monthly Rates	\$8.59	\$15.66	\$21.57

## Other Services:

Life Insurance Options, Long Term Disability Plans, Medicare Supplements, Prescription Drug Plans