



MEDICAL MUTUAL®

# Stark County Schools Council of Governments Traditional Vision Benefit Summary

|                                     |  |
|-------------------------------------|--|
| <b>General Information</b>          |  |
| Dependent Age                       | 26   |
| Dependent Removal                   | End of Month   |
| Claims Filing Limit                 | 12 months  |
| <b>How Claims are Paid</b>          |  |
| Vision Examinations Frequency Limit | 1 every rolling 12 months  |
| Vision Examinations                 | Covered at 100% for either spectacle or contact lens examination |
| <b>Lenses-Prescription</b>          |  |
| 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   |
| <b>Lenses-Contacts</b>              |  |
| 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                          |
| <b>Frames</b>                       |  |
| 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:<br><ul style="list-style-type: none"> <li>(a) the lenses are necessary following cataract surgery;</li> <li>(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</li> <li>(c) the lenses are necessary for the treatment of anisometropia for keratoconus.</li> </ul> |

## 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, 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 corrected to 20/70 in either eye with other lenses, but can be corrected to at least 20/70 in either eye with contact lenses, or;**
  - **The lenses are necessary for the treatment of anisometropia for keratoconus.**