



# Plan C 2 pair \$0 Co-Pay

## Using your MESVision® benefits is easy!

- Select a provider. Select a participating vision care provider by using the MESVision® provider search feature on our website at mesvision.com. Obtaining services from a Participating Provider will maximize your benefits.
- **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 participating vision care provider will take care of the rest. The Participating Provider will contact MESVision® to verify your eligible benefits and submit a claim for services covered by your plan.

#### MESVision® Provides Real Choice

With MESVision® your vision care Network includes *Real Choices* in providers:

- Independent Ophthalmologists (MD)
- Independent Optometrists (OD)
- Independent Opticians (OPT)
- Optical Chain Locations Including...

<ul> <li>LensCrafters</li> </ul>	<ul> <li>Costco</li> </ul>	<ul><li>Wal-Mart</li></ul>
<ul> <li>Sam's Club</li> </ul>	<ul> <li>Sears Optical</li> </ul>	<ul> <li>Target Optical</li> </ul>
<ul> <li>For Eyes Optical</li> </ul>	<ul> <li>Fred Meyers</li> </ul>	<ul> <li>Site for Sore Ey</li> </ul>

For Eyes Optical
 Fred Meyers
 Site for Sore Eyes
 America's Best
 VisionWorks
 EyeMart

And many more... • Pearle Vision • Sterling Optical

With MESVision® you can utilize one provider for both your examination and eyewear materials or you can receive your examination from one provider and your materials from another provider. The *Choice* is yours!

With MESVision® your benefit may be used with any frame! Your plan will pay up to the plan allowance. You *Choose!* 

With MESVision® you may choose contact lenses in lieu of spectacle lenses and frames according to your plan's benefit schedule. It's up to **You!** 

This is a brief outline of the plan and is not to be accepted or construed as a substitute for the provisions of the contract. The policy may contain certain Limitations and Exclusions not stated here. Please refer to your Policy if you require additional information.



### **Summary of Vision Benefits**

1<sup>st</sup> Pair Co-pay: Exam \$0

**2<sup>nd</sup> Pair Co-pay:** Contacts \$0/Lens & Frame \$20

Comprehensive Vision Exam: One every calendar year

Lenses¹: Two pair every calendar year

Frame¹: Two frames every calendar year

**Contact Lenses**<sup>1</sup>: Two pair every calendar year

	In Network Allowance	Out of Network Allowance
Comprehensive Examination	Covered	Up to \$40
Single Vision Lenses	Covered	Up to \$30
Bifocal Lenses	Covered	Up to \$50
Trifocal Lenses	Covered	Up to \$65
Polycarbonate Lenses <sup>4</sup>	Up to \$85	Not covered
Standard Progressive Lenses	Covered	Up to \$65
Premium Progressive Lenses	Up to 89.50	Up to \$65
Ultra Progressive Lenses	Up to 89.50	Up to \$65
Photochromic	Up to \$70	Not covered
Aphakic Monofocal	Covered	Up to \$120
Aphakic Multifocal	Covered	Up to \$200
Frame <sup>2</sup>	Up to \$150	Up to \$40
Contact Lenses <sup>3</sup>		
Medically Necessary	Covered	Up to \$250
Cosmetic or Convenience	Up to \$150	Up to \$100

<sup>&</sup>lt;sup>1</sup> Two contact lens benefit or two lenses & frames benefit or one pair of contacts and one pair of lenses and frame every calendar year.

## **Additional Savings**

Available for cosmetic extras, such as tints, coatings and other add-on charges to standard lenses, after Covered Services are rendered. Discount is not applied twice when

coordinating benefits.

Also applies to additional pairs of glasses and/or pairs of standard contact lenses. This discount is not available at Warehouse or Wholesale locations.

Lasik Discount Discounts opportunities available through LasikPlus® & QualSight® LASIK.

To determine whether a provider offers the 20% discount, an insured individual can review their Participating Provider Directory, call MESVision or visit MESvision.com

If you have any questions about your vision benefits, please contact Medical Eye Services at:
PO Box 25209; Santa Ana, CA 92799
800/877-6372 or MESVision.com



<sup>&</sup>lt;sup>2</sup> Participating Providers allow a selection of frames that retail up to \$150.00 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 \$150.00. Please refer to your Policy if you require additional information.

<sup>&</sup>lt;sup>3</sup>This benefit is in addition to the comprehensive vision exam. If contact lenses are for cosmetic or convenience purposes, the Policy will pay up to \$150.00 toward the contact materials. Any balance is your responsibility. If contact lenses are medically necessary, is a fully covered benefit. Approval from MESVision is required. Please refer to your Policy if you require additional information.

<sup>&</sup>lt;sup>4</sup> For Dependent Children through age 18.