

2018 Medical Mutual Vision Plan

Why choose a vision plan from Medical Mutual?



When choosing a Medical Mutual vision plan, you have benefits and coverage to meet your needs along with access to high-quality, affordable providers. With your Medical Mutual vision plan, we give you the service you need and the value you expect.

Medical Mutual vision members receive quality vision care and prescription eyewear through our EyeMed network of thousands of optometrists and ophthalmologists. As a Medical Mutual vision member, you have annual benefits toward an eye examination and a pair of eyeglasses or contact lenses.

For more information contact your insurance agent.

Our Vision Plan

All Ages: **\$9.00** per month, per person

On average, just

\$0.29 per day

(Details on reverse)

Find an EyeMed vision care provider at MedMutual.com/VisionPlan.

Vision for Individual Health Plans (EyeMed Access Network)

Benefit Period: January 1 (or member's plan effective date) through December 31

	Member Pays		
Services	In-Network (Under Age 19)	In-Network	Non-Network
Age Dependent is Removed	Reach age 26, remove at the end of month		
Professional Services (One every 12 months)			
Exam with Dilation	\$0 Copayment	\$15 Copayment	\$15 Allowed amount
Frame and Lenses (One frame and uncoated plastic lenses every 12 months)			
Frame	100% Coverage for provider designated frames	\$15 Copayment + 80% of retail price over \$130 allowed amount	\$30 Allowed amount
Single Vision	\$0 Copayment	\$15 Copayment	\$10 Copayment
Bifocal	\$0 Copayment	\$15 Copayment	\$20 Copayment
Trifocal	\$0 Copayment	\$15 Copayment	\$30 Copayment
Lenticular	\$0 Copayment	\$15 Copayment	\$40 Copayment
Contact Lenses			
Extended Wear Disposables (Single-vision spherical or toric)	Covered in full: Up to a 6-month supply of monthly wear or 2-week wear EyeMed-designated disposable contact lenses	\$15 Copayment; \$130 Allowed amount	\$40 Allowed amount
Daily Wear Disposables (Single-vision spherical or toric)	Covered in full: Up to a 3-month supply of daily disposable EyeMed-designated disposable contact lenses	\$15 Copayment; \$130 Allowed amount	\$40 Allowed amount
Conventional	Covered in full: 1 pair of EyeMed-designated contact lenses	\$15 Copayment + 85% of remaining retail price over \$130 allowed amount	\$40 Allowed amount
Medically Necessary	Covered in full: EyeMed-designated contact lenses	Covered in full	\$75 Allowed amount
Fit and Follow-up	\$0 Copayment	\$0 Copayment	Not covered

Allowed Amount

The maximum amount allowed for each service listed. The member is responsible for any charges exceeding the amount, in addition to any copayments listed.

Lens Options

If an Eye Vision Care provider is used, members are entitled to a discount, in addition to the lenses copayments listed above. The discount applies to items whether or not they are covered as part of a vision plan.

Notes

This document is only a partial listing of benefits. This is not a contract for insurance. No person other than an officer of Medical Mutual may agree, orally or in writing, to change the benefits listed here. The contract or certificate will contain the complete listing of covered services.

Footnotes

1. In lieu of lenses and frames. One pair every 12 months. Contact lens include materials only.
2. Contact lens fit & follow-up includes one standard visit every 12 months, as well as a follow-up visit.