COSE MEWA - VSP Vision Plan

Services	In-Network	Non-Network[1]
	Member Pays	
Dependent Age Limit	Same as Medical	
Benefit Period	January 1 through December 31	
Professional Services (One per calendar year)		
Exam with Dilation	$10 Copayment	$50 Allowed Amount
Frame and Lenses (One frame and one set of uncoated plastic lenses per calendar year)		
Frame	$15 Copayment (up to $130; 20% off anything over $130)	$70 Allowed Amount
Single Vision	$15 Copayment	$50 Allowed Amount
Bifocal	$15 Copayment	$75 Allowed Amount
Trifocal	$15 Copayment	$100 Allowed Amount
Lenticular	$15 Copayment	$125 Allowed Amount
Lens Options		
Scratch-Resistant Coating	$17 Copayment	Not Covered
Ultraviolet Coating	$16 Copayment	Not Covered
Anti-Reflective Coating	$41 Copayment	Not Covered
Polycarbonate Lenses	$31 Copayment	Not Covered
Standard Progressive Lenses	$55 Copayment	Not Covered
Contact Lenses		
Contact Lens Materials	$130 Allowed Amount	$105 Allowed Amount[2]
Contact Lens Fit and Follow-Up		
Standard or Premium	Up to $60	$105 Allowed Amount[2]
Medically Necessary Exam & Materials	$15 Copayment	$15 Copayment (up to $210)

Purchase Options	Premiums	Enrollment
VSP Option 1	100% paid by employer	All employees
VSP Option 2	25% or less paid by employer	Voluntary

This document is only a partial listing of benefits. This is not a contract of 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.

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.

Footnote:

1. The non-VSP network maximum is the amount a member receives for covered vision services from a non-network provider
2. $105 covers contact lens fit, follow-up and materials combined

Effective 7/1/2016

© 2016 Medical Mutual of Ohio