



MEDICAL MUTUAL®

Stark County Schools Council of Governments Traditional Vision Benefit Summary

| General Information | |
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| Dependent Age | 26 |
| Dependent Removal | End of Month |
| Claims Filing Limit | 12 months |
| How Claims are Paid | |
| Vision Examinations Frequency Limit | 1 every rolling 12 months |
| Vision Examinations | Covered at 100% for either spectacle or contact lens examination |
| Lenses-Prescription | |
| 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 |
| Lenses-Contacts | |
| 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 |
| Frames | |
| Frames Frequency Limit | 1 every rolling 24 months |
| Frames | \$170 allowance |

Notes

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| 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: <ul style="list-style-type: none"> (a) the lenses are necessary following cataract surgery; (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 (c) the lenses are necessary for the treatment of anisometropia for keratoconus. |