SOUTHWESTERN COMMUNITY COLLEGE DISTRICT

Follow these simple steps:

1. **Select a provider.** Select a participating vision care provider by visiting [www.MESVision.com](http://www.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 doctor will take care of the rest.** The Participating Provider will contact MESVision to verify your eligible benefits and submit a claim for payment for services covered by your plan.

4. If covered services are received from a non-participating provider, you are responsible for paying the provider in full. You or the provider must submit the itemized bill and a copy of your prescription with the Claim Form to MESVision. Reimbursement will be made to the insured person up to the schedule of allowances shown for non-participating providers.

**LIMITATIONS**

Contact Lenses and fitting except as specifically provided; Eyewear when there is no prescription change, except when benefits are otherwise available; Non-standard lenses, including, but not limited to; Progressive, Photochromic, Hi-Index, Polycarbonate, occupational lenses, beveled, faceted, coated or oversize; Tints other than pink or rose #1 or #2, except as specifically provided; Two pair of glasses in lieu of bifocals, unless prescribed; New-patient intermediate examinations: .When an Enrollee selects a different provider to perform the intermediate examination, the Enrollee will be responsible for the difference between the intermediate examination allowance and the comprehensive examination allowance. To maximize benefits, the patient should return to the original provider; Non-prescription (Plano) eyewear, except when specifically covered.

**EXCLUSIONS**

Any eye examination required by the employer as a condition of employment; Any covered services provided by another vision plan; Conditions covered by Workers’ Compensation; Contact lens insurance; Employment; Any covered services provided by another vision plan; Any eye examination required by the employer as a condition of employment.

The Policy provides full coverage for Covered Services when you go to a Participating Provider of the MESVision network. If Covered Services are provided by a Non-Participating Provider, charges will be paid, but not to exceed the following Schedule of Allowances.

**SUMMARY OF VISION BENEFITS**

<table>
<thead>
<tr>
<th>Benefits:</th>
<th>Participating Provider</th>
<th>Non-Participating Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-pay:</td>
<td>Exam $20</td>
<td></td>
</tr>
<tr>
<td>Comprehensive Vision Exam:</td>
<td>One every 12 months</td>
<td></td>
</tr>
<tr>
<td>Lenses:</td>
<td>One pair every 12 months</td>
<td></td>
</tr>
<tr>
<td>Frame:</td>
<td>One frame every 24 months</td>
<td></td>
</tr>
<tr>
<td>Contact Lenses:</td>
<td>One pair every 12 months</td>
<td></td>
</tr>
</tbody>
</table>

*Polycarbonate Lenses for dependent children through 18 years.

**Participating Providers allow a selection of frames that retail up to $125.00 with lenses that fit an eye size less than 61 millimeters. If a more expensive frame is selected, you are responsible for the additional cost above $125.00. If the lenses received are 61 millimeters or above, the charge for the oversize lenses is your responsibility. “The return frame allowance will be converted to wholesale or warehouse equivalent prices at category 5 or 6 provider locations (please refer to the Plan’s website at [www.MESVision.com](http://www.MESVision.com)). The wholesale or warehouse equivalent may be approximately 30% less than the return frame allowance; please confirm this benefit before ordering your eyewear.”

***This benefit is in addition to the comprehensive vision examination, but in lieu of lenses and frame. If contact lenses are for cosmetic or convenience purposes, the policy will pay up to $125.00 toward the contact lens examination, fitting costs and materials. Any balance is your responsibility. If contact lenses are medically necessary, they are a fully covered benefit. Approval from MESVision is required. Please refer to your Policy if you require additional information.

**Discounts:** A 20% discount is available for cosmetic extras, such as tints, coatings and other add-on charges to standard lenses, after Covered Services are rendered. The discount may be applied to charges for the frame or contact lenses (except disposable or replacement contact lenses) over the stated allowances. The 20% discount also applies to additional pairs of glasses and/or pairs of standard contact lenses. To determine whether a provider offers the 20% discount, an insured individual can review their Participating Provider Directory, call MESVision or visit [www.MESVision.com](http://www.MESVision.com). Discounts are available through TLCVision for conventional and custom LASIK procedures with the TLCVision Advantage Program.

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 [www.MESVision.com](http://www.MESVision.com)

Underwritten By: