MediExcel Health Plan
Vision Plan

Vision Plan 100

Benefit Summary

THIS MATRIX IS ONLY A SUMMARY AND IS INTENDED TO HELP YOU COMPARE COVERAGE BENEFITS. FOR A DETAILED DESCRIPTION OF BENEFITS AND LIMITATIONS, PLEASE CONSULT YOUR *EVIDENCE OF COVERAGE* AND PLAN CONTRACT.

Using Your Vision Plan

Your Plan grants you access to a network of vision providers without deductibles or filing claim forms. To schedule an appointment, contact Member Services at (619) 365-4346.

IN-NETWORK PROVIDER

Service	Copay	Frequency
Eye Exam	$0 copay	every 12 months
Frame Allowance	$100 retail frame allowance *Member pays any amount over allowance.*	every 24 months
Standard Lenses (*up to 61mm*)	$0 copay for: • Single Vision • Bifocal	every 12 months
Lens Coatings	No copay for Pink or Rose Tints #1 or #2 *Upgrades for lens treatments such as UV coating, standard polycarbonate, standard transitions, standard progressive lenses are at an agreed discounted rate with the selected provider.*	
Elective/Convenience Contact Lenses*	$100 retail contact lens allowance. **In lieu of frame and lenses. Members pay any amount over allowance. Fit and Follow-Up additional cost.*	every 12 months
LASIK**	$900 per eye ***In lieu of frame allowance/standard lens and contact lens benefit. Qualifications:* *• 6 month no refraction change* *• Age 20-50* *• Moderate Nearsightedness (-2.25/-5.00 refraction)*	

OUT-OF-NETWORK PROVIDER

Service	Copay	Frequency
Not covered.		

LIMITATIONS:
- Repeat, follow-up procedures, or refinements are not covered.
- Contact lenses and contact lens fitting, except as specifically provided. In lieu of frames and lenses.
- Eyewear when there is no prescription change, except when benefits are otherwise available.
- Lenses or frames which are lost, stolen, or broken will not be replaced, except when benefits are available.
- Custom lenses (*non-standard*) such as no-line, (*blended type*) progressive, polycarbonate, beveled, faceted, coated or oversize exceeding the Schedule of Allowances.
- Tints, other than pink or rose #1 or #2 except as specifically provided.
- LASIK procedure is only covered at IDOC inside Excel Hospital in Tijuana.

EXCLUSIONS:
- Medical or Surgical treatment of the eyes.
- Non-Prescription (*plano*) eyewear.
- Orthoptics, Vision Training, Subnormal or Low Vision Aides.
- Services that are experimental or investigational in nature.

This is a partial list of exclusions and limitations others may apply. Please check your Evidence of Coverage for details. Contact Member Services at (855) 633-4392 for additional questions.