



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 MediExcel's Member Line at (619) 365-4346.

| IN-NETWORK PROVIDER | | |
|---------------------------------------|--|-----------------|
| Service | Copay | Frequency |
| Eye Exam | \$0 copay | every 12 months |
| Frame Allowance | \$100 retail frame allowance <i>Member pays any amount over allowance.</i> | every 24 months |
| Standard Lenses (<i>up to 61mm</i>) | \$0 copay for: • Single Vision • Bifocal | every 12 months |
| Lens Coatings | No copay for Pink or Rose Tints #1 or #2 <i>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.</i> | |
| Elective/Convenience Contact Lenses* | \$100 retail contact lens allowance. <i>*In lieu of frame and lenses. Member pays any amount over allowance. Fit and Follow-Up additional cost.</i> | every 12 months |
| LASIK** | \$825 per eye <i>**In lieu of frame allowance/standard lens and contact lens benefit.</i> <i>Qualifications:</i> • 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 MediExcel's Member Line at (855) 633-4392 for additional questions.