



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 the filing of claim forms. To schedule an appointment, contact MediExcel’s Member Line toll-free at (855) 633-4392.

| 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 (up to 61mm) | \$0 copay for: • Single Vision • Bifocal | every 12 months |
| Lens Options | 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* | \$0 copay up to \$100 retail contact lens allowance. <i>*In lieu of frame and lenses. Member pays any amount over allowance.</i> | every 12 months |

| OUT-OF-NETWORK PROVIDER | | |
|-------------------------|-------|-----------|
| Service | Copay | Frequency |
| Not covered. | | |

LIMITATIONS:

- Contact lenses and contact lens fitting, except as specifically provided;
- 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; and
- Two pair of glasses in lieu of bifocals, unless prescribed.

EXCLUSIONS:

- Medical or Surgical treatment of the eyes;
- Non-prescription (plano) eyewear;
- Orthoptics, vision training or Subnormal or Low Vision Aids; and
- 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.