

# California Schools JPA

RISK MANAGEMENT | EMPLOYEE BENEFITS

## Etiwanda (Opt.2 #30402)

### Using your MESVision® benefits is easy!

- Select a provider.** Select a participating vision care provider by using the MESVision® provider search feature on our website at [mesvision.com](http://mesvision.com). Obtaining services from a Participating Provider will maximize your benefits.
- Make an appointment.** Make an appointment with the Participating Provider of your choice and inform them of your vision coverage.
- You're done!** Your participating vision care provider will take care of the rest. The Participating Provider will contact MESVision® to verify your eligible benefits and submit a claim for services covered by your plan.

### MESVision® Provides Real Choice

With MESVision® your vision care Network includes **Real Choices** in providers:

- Independent Ophthalmologists (MD)
- Independent Optometrists (OD)
- Independent Opticians (OPT)
- Optical Chain Locations Including...
  - LensCrafters
  - Costco Optical
  - Wal-Mart Optical
  - Sam's Club
  - VisionWorks
  - Target Optical
  - For Eyes Optical
  - Pearle Vision
  - Site for Sore Eyes
  - America's Best
  - Sterling Optical
  - EyeMart

### And many more...

With MESVision® you can utilize one provider for both your examination and eyewear materials or you can receive your examination from one provider and your materials from another provider. The **Choice** is yours!

With MESVision® your benefit may be used with any frame! Your plan will pay up to the plan allowance. You **Choose!**

With MESVision® you may choose contact lenses in lieu of spectacle lenses and frames according to your plan's benefit schedule. It's up to **You!**

**This is a brief outline of the plan and is not to be accepted or construed as a substitute for the provisions of the contract. The policy may contain certain Limitations and Exclusions not stated here. Please refer to your Policy if you require additional information.**



### Summary of Vision Benefits

<b>Co-pay:</b>	Exam \$15
<b>Comprehensive Vision Exam:</b>	One every 12 months
<b>Lenses:<sup>1</sup></b>	One pair every 24 months
<b>Frame:</b>	One frame every 24 months
<b>Contact Lenses:<sup>1</sup></b>	One pair every 24 months

<sup>1</sup> Lenses are available at 12 months if there is the following prescription change: a change in prescription of 0.50 diopter or more in one or both eyes; or a shift in axis of astigmatism of 15 degrees; or a difference in vertical prism greater than 1 prism diopter.

	In Network Allowance	Out of Network Allowance
Ophthalmologic Exam	Covered	Up to \$60
Optometric Exam	Covered	Up to \$50
Single Vision Lenses	Covered	Up to \$43
Bifocal Lenses	Covered	Up to \$60
Trifocal Lenses	Covered	Up to \$75
Standard Progressive Lenses	Covered	Up to \$75
Polycarbonate Lenses <sup>3</sup>	Up to \$85	Up to \$55
Premium Progressive Lenses	Up to \$89.50	Up to \$75
Ultra Progressive Lenses	Up to \$89.50	Up to \$75
Aphakic Monofocal	Covered	Up to \$120
Aphakic Multifocal Frame <sup>2</sup>	Up to \$150	Up to \$75
Contact Lens fitting	Up to \$60	Not covered
Contact Lenses <sup>3</sup>		
One pair Medically Necessary	Covered	Up to \$250
Cosmetic or Convenience	Up to \$150	Up to \$150

<sup>2</sup> Participating Providers allow a selection of frames that retail up to **\$150.00** with lenses that fit an eyesize less than 61 millimeters. If a more expensive frame is selected, you are responsible for the additional cost above **\$150.00**. Please refer to your Policy if you require additional information.

<sup>3</sup> This benefit is in addition to the comprehensive vision exam, but in lieu of lenses and frame. If contact lenses are for cosmetic or convenience purposes, the Policy will pay up to **\$150.00** toward the contact lens materials. Any balance is your responsibility. If contact lenses are medically necessary, one pair is a fully covered benefit. Approval from MESVision is required. Please refer to your Policy if you require additional information. **Rigid gas permeable scleral and hybrid contact lenses for advanced keratoconus may be partially covered.**

<sup>3</sup> For Dependent Children through age 18.

### Additional Savings

<b>20% Discount</b>	Available for cosmetic extras, such as tints, coatings and other add-on charges to standard lenses, after Covered Services are rendered. Discount is not applied twice when coordinating benefits.
<b>20% Discount</b>	Also applies to additional pairs of glasses and/or pairs of standard contact lenses. This discount is not available at Warehouse or Wholesale locations.
<b>Lasik Discount</b>	Discounts opportunities available through LasikPlus® & QualSight® LASIK.

To determine whether a provider offers the 20% discount, an insured individual can review their Participating Provider Directory, call MESVision or visit [MESvision.com](http://MESvision.com)

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 [MESvision.com](http://MESvision.com)