



Summary of Vision Benefits

Obtaining Services Is Easy

With MESVision®, you have access to an extensive network of vision care providers nationwide. When you choose to visit a participating provider for your eye care, there's no additional charge for most services. To help you find a participating provider in your area, use the search box to the right.

What your vision plan covers

Display coverage for: **(Employee)** 

You have eligible benefits towards the purchase of contact lenses. Browse contact lenses online from MESVision: Browse contact lenses				
Service and eyewear	Participating provider	Out of Network Provider	Eligibility	Date Eligible
Exam copay: \$20.00 Annual examination - every 12 months ¹				
Ophthalmologic exam	100%	\$40.00	ELIGIBLE	TODAY
Optometric exam	100%	\$40.00	ELIGIBLE	TODAY
eyewear copay \$20.00 Eyeglass lenses 2 - every 12 months				
Standard Lenses				
Single	100%	\$30.00	ELIGIBLE	TODAY
Bifocal	100%	\$50.00	ELIGIBLE	TODAY
Trifocal	100%	\$65.00	ELIGIBLE	TODAY
Progressive (Standard) 8	100%	\$65.00	ELIGIBLE	TODAY
Progressive (Premium)	Up to \$89.50	\$65.00	ELIGIBLE	TODAY
Progressive (Ultra)	Up to \$89.50	\$65.00	ELIGIBLE	TODAY
Aphakic lenses				
Aphakic monofocal	100%	\$125.00	ELIGIBLE	TODAY
Aphakic multifocal	100%	\$125.00	ELIGIBLE	TODAY
Standard frame - every 24 months ⁴				
Standard frame	Up to \$100.00	\$40.00	ELIGIBLE	TODAY
Wholesale	Up to \$66.04	\$40.00	ELIGIBLE	TODAY
Warehouse	Up to \$69.09	\$40.00	ELIGIBLE	TODAY
Contact lenses ⁷ - every 12 months				
Fitting				
Elective (Cosmetic/Convenience) 5				
Hard	Up to \$105.00	\$100.00	ELIGIBLE	TODAY
Soft	Up to \$105.00	\$100.00	ELIGIBLE	TODAY
Non-Elective (Medically necessary) 6				
Hard	100%	\$250.00	ELIGIBLE	TODAY
Soft	100%	\$250.00	ELIGIBLE	TODAY

1: The comprehensive eye examination is considered a separate service from a contact lens evaluation and fitting.

2: Standard lenses fit any frame with an eye size of 61 mm.

4: Retail frame benefits will be converted to wholesale-equivalent prices at certain provider locations, see provider directory or MESVision website at www.mesvision.com.

5: In lieu of other eyewear, except when specifically provided. Disposable contact lenses should be purchased up to the maximum allowance. Any cost over contact lens allowance is a patient responsibility.

6: One pair, in lieu of other eyewear, except when specially provided. A report from the provider and approval from MESVision is required.

7: Contact allowance per pair. For most plans, the contact lens allowance includes the fitting, evaluation, and materials. As a result, the amount available for contact lens materials is reduced by the contact lens fitting and evaluation charges.

8: Standard progressive lenses (also referred to as no-line bifocals) allow the patient to see distance, mid-range and near clearly; however, there may be some peripheral distortion. Standard progressive lenses also need to be a minimum height in order to transition properly between distance and near vision. Standard progressive lenses are a covered-in-full benefit; any balance exceeding the provider's usual and customary charge is a provider fee adjustment (write-off).

General Exclusions and Limitations

For additional Exclusions and Limitations, please see your [Evidence of Coverage or Certificate of Coverage](#). Benefits are not provided (unless exemptions to the following exclusions are made elsewhere) for:

- 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;
- Covered services for which the vision plan member is not legally obligated to pay;
- Covered services required by any government agency or program, federal, state or subdivision thereof;
- Covered services performed by a close relative or by an individual who ordinarily resides in the vision plan member's home;
- Medical or surgical treatments of the eyes;
- Non-prescription (plano) eyewear or sunglasses, except when specifically provided;
- Low vision testing orthoptics, subnormal vision aids or vision training, except when specifically provided;
- Contact lenses and contact lens fitting, except as specifically provided;
- Eyewear for which there is no prescription change, unless benefits are otherwise available;
- Replacement of lenses or frames which are lost, stolen or broken, except at the normal intervals;
- Additional charges for custom lens options (progressive, polycarbonate, photochromic, tints, coatings, etc.) are a patient responsibility.

This is only a summary of benefits. Please refer to the plan contract and the *Evidence of Coverage* or *Certificate of Coverage* for a detailed description of covered benefits and limitations.

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