



MEDICAL MUTUAL®

Stark County Schools Council of Governments  
Traditional Vision Benefit Summary

|                                     |                                |                          |
|-------------------------------------|--------------------------------|--------------------------|
| <b>General Information</b>          |                                |                          |
| Dependent Age                       | 19                             |                          |
| Student Age                         | 26                             |                          |
| Dependent Removal                   | End of Month                   |                          |
| Claims Filing Limit                 | 12 months                      |                          |
| <b>How Claims are Paid</b>          |                                |                          |
| Vision Examinations Frequency Limit | 1 every rolling 12 months      |                          |
| Vision Examinations                 | \$40 per exam                  |                          |
| <b>Lenses-Prescription</b>          |                                |                          |
| Lenses Frequency Limit              | 1 pair every rolling 12 months |                          |
| Single Vision                       | \$20 allowance per lens        | \$40 allowance per pair  |
| Bifocal                             | \$30 allowance per lens        | \$60 allowance per pair  |
| Trifocal                            | \$40 allowance per lens        | \$80 allowance per pair  |
| Lenticular                          | \$100 allowance per lens       | \$200 allowance per pair |
| <b>Lenses-Contacts</b>              |                                |                          |
| Contact Frequency Limit             | 1 pair every rolling 12 months |                          |
| Contacts are provided in lieu of    | Lenses and Frames              |                          |
| Cosmetic Lenses                     | \$70 allowance per pair        |                          |
| Medically Necessary Lenses          | \$400 allowance per pair       |                          |
| <b>Frames</b>                       |                                |                          |
| Frames Frequency Limit              | 1 every rolling 24 months      |                          |
| Frames                              | \$30 per frame                 |                          |

**Notes**

|   |
|---|
| Prescription Lenses - If the frame allowance has not been used; the \$30 allowance can be used towards the cost of prescription lenses or contact lenses.   |
| Progressive Lenses - In order to receive reimbursement for Progressive lenses the provider must bill for a Bifocal or Trifocal lens.  |
| Contact Lenses - If the frame allowance has not been used; the \$30 allowance can be used towards the cost of prescription lenses or contact lenses.  |
| Medically Necessary Contact Lenses - The allowance for medically necessary contact lenses will be paid only if:<br><ul style="list-style-type: none"> <li>(a) the lenses are necessary following cataract surgery;</li> <li>(b) visual acuity cannot be correct to 20/70 in either eye with other lenses, but can be correct to at least 20/70 in either eye with contact lenses; or</li> <li>(c) the lenses are necessary for the treatment of anisometropia for keratoconus.</li> </ul> |