

2021 Medical Mutual Vision Plan

Benefits That Are Easy on the Eyes

Vision Plan (EyeMed Access Network)

Benefit Period: January 1 (or plan effective date) through December 31. A dependent's coverage ends on the last day of his/her 26th birthday month.

When an EyeMed vision care provider is used, members are entitled to a discount, in addition to the lens copays listed in the chart below. The discount applies to all items, even if they are not covered by the vision plan.

	In-Network (Under Age 19)	In-Network (Ages 19 and Over)	Non-Network ¹
Professional Services			
Exam with Dilation	\$0 copay	\$15 copay	\$15 allowed amount
Frames and Lenses (One frame and uncoated plastic lenses every 12 months)			
Frames	100% coverage for provider-designated frames	\$15 copay + 80% of retail price over \$130 allowed amount	\$30 allowed amount
Single Vision	\$0 copay	\$15 copay	\$10 allowed amount
Bifocal	\$0 copay	\$15 copay	\$20 allowed amount
Trifocal	\$0 copay	\$15 copay	\$30 allowed amount
Lenticular	\$0 copay	\$15 copay	\$40 allowed amount
Contact Lenses²			
Extended Wear Disposables (Single-vision spherical or toric)	Covered in full: up to a six-month supply of monthly wear or two-week wear EyeMed-designated disposable contact lenses	\$15 copay; \$130 allowed amount	\$40 allowed amount
Daily Wear Disposables (Single-vision spherical or toric)	Covered in full: up to a three-month supply of daily disposable EyeMed-designated disposable contact lenses	\$15 copay; \$130 allowed amount	\$40 allowed amount
Conventional	Covered in full: one pair of EyeMed-designated contact lenses	\$15 copay + 85% of retail price over \$130 allowed amount	\$40 allowed amount
Medically Necessary	Covered in full: EyeMed-designated contact lenses	Covered in full	\$75 allowed amount
Fit and Follow-up³	\$0 copay	\$0 copay	Not covered

The maximum amount allowed for each service listed. The member is responsible for any changes exceeding the amount, in addition to any copayments listed.

1. The non-network maximum is the amount a member receives for covered vision services from a non-network provider.
2. In lieu of lenses and a frame. One pair every 12 months. Contact lens include materials only.
3. Contact lenses fit and follow-up includes one standard visit and one follow-up visit every 12 months.