MEDICAL MUTUAL

Stark County Schools Council of Governments

Traditional Vision | **Benefits Summary**

GENERAL INFORMATION	
Dependent Age	26
Dependent Removal	End of Month
Claims Filing Limit	12 months
HOW CLAIMS ARE PAID	
Vision Examinations Frequency Limit	1 every rolling 12 months
Vision Examinations	Covered at 100% for either spectacle or contact lens examination
LENSES-PRESCRIPTION	
Lenses Frequency Limit	1 pair every rolling 12 months
Single Vision	$75 allowance per pair
Bifocal	$100 allowance per pair
Trifocal	$125 allowance per pair
Lenticular	$200 allowance per pair
LENSES-CONTACTS	
Contacts are provided in lieu of	Lenses and Frames
Cosmetic Lenses	$150 allowance every rolling 12 months
Medically Necessary Lenses	$400 allowance every rolling 12 months
FRAMES	
Frames Frequency Limit	1 every rolling 24 months
Frames	$170 allowance

NOTES

Progressive Lenses - In order to receive reimbursement for Progressive lenses the provider must bill for a Bifocal or Trifocal lens.

Medically Necessary Contact Lenses - The allowance for medically necessary contact lenses will be paid only if:

(a) the lenses are necessary following cataract surgery;
(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
(c) the lenses are necessary for the treatment of anisometropia for keratoconus.

VISION PROVIDERS:

If the member's ID Card states **VISION: Traditional Vision** on the back of the card, the member will have vision benefits. The vision benefits provided are listed on this schedule of benefits and can be provided by any vision provider. If you have the capability to submit claims please mail claims to the following address using the Medical Mutual ID# listed on the front of the Medical Mutual ID Card:

Medical Mutual Claims Submission
P.O. Box 6018,
Cleveland, Ohio 44101-1018

If you do not have the capability to submit claims, the member should pay for services upfront and submit a claim to Medical Mutual for reimbursement.

Medical Mutual will reimburse up to the maximum amount for each service listed.