

MESVISION

Congratulations!

Your Company has elected one of the leading vision plans in California. Your employer understands the importance of good visual health and the need for regular eye examinations. The MESVision plan is designed to provide you with access to qualified eye care professionals and coverage for vision materials (eye glasses or contact lenses).

Through MESVision, you have access to the largest vision network in California with more than 5,000 participating providers including Ophthalmologists, Optometrists, and Opticians/Optical Chain locations.

Obtaining Services Is Easy

Follow these simple steps:

1. Select a participating provider from the MESVision directory or visit www.MESVision.com.
2. Make an appointment directly with the provider of your choice and inform them of your vision coverage.
3. Participating Providers will have claim forms available. If you select a Non-Participating Provider, claim forms are available at www.MESVision.com, or from your employer.
4. At your appointment, you will pay any applicable copayment and optional eyewear costs (if any). If you select a Participating Provider, the provider will submit the claim. If you select a Non-Participating Provider, please mail your completed claim form to P.O. Box 25209, Santa Ana, CA 92799-5209.

You Have A Choice

How much you pay for vision coverage is up to you. By visiting a participating provider you maximize your dollar as these providers have accepted MESVision fees as payment in full for covered services. If you wish, you may visit a non-participating provider, but out-of-pocket expenses may be greater. The chart on the right provides you with a summary of your benefits.

SUMMARY OF BENEFITS

	Participating Provider (Member Pays)	Non-Participating Provider (Maximum Plan Pays)**
Examination (Every 12 Months)	No Charge	\$ 60.00 Ophthalmologic \$ 50.00 Optometric
Frame Allowance (Every 12 Months)	No Charge up to \$75.00 Retail Cost. Member pays any amount over allowance.	\$ 40.00
Standard Lenses (up to 61mm) (Every 12 Months)	No charge for: <ul style="list-style-type: none">▪ Single vision▪ Bifocal▪ Trifocal▪ Aphakic Monofocal▪ Aphakic Multifocal	\$ 43.00 \$ 60.00 \$ 75.00 \$ 120.00 \$ 200.00
Lens Options	No Charge for Pink or Rose Tints #1 or #2	Not Covered
Cosmetic Contact Lenses In lieu of frame and lenses (Every 12 Months)	No Charge up to \$100.00 Retail Cost. Member pays any amount over allowance.	\$ 100.00
Medically Necessary Contact Lenses***	No Charge	\$ 250.00

** Underwritten by Gerber Life Insurance Company.

*** Medically Necessary contact lenses are defined as contact lenses prescribed following cataract surgery; or when visual acuity cannot be corrected to 20/40 except with the use of contact lenses for certain conditions of keratoconus and anisometropia; or for certain conditions of myopia, hyperopia or astigmatism. Prior approval from MES is required.

We Are Here To Help

If you have any questions regarding your vision coverage, you can contact the MESVision Customer Call Center at 1-800-877-6372 or 714-619-4660, Monday through Friday, from 8:00 a.m. to 5:00 p.m. (Pacific Time), and a Customer Service Representative will assist you.

LIMITATIONS: (Paid up to be benefit allowance)

- Contact lenses and contact lens fitting, except as specifically provided;
- Eyewear when there is no prescription change, except when benefits are otherwise available;
- Lenses or frames which are lost, stolen or broken will not be replaced, except when benefits are otherwise available;
- Custom lenses (non-standard) such as no-line, (Blended type), Progressive, polycarbonate, beveled, faceted, coated or oversize exceeding the Schedule of Allowances;
- Tints, other than pink or rose #1 or #2 except as specifically provided;
- Two pair of glasses in lieu of bifocals, unless prescribed.

EXCLUSIONS: (Non-covered services)

- 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;
- Contact lens insurance or care kits;
- Covered Services which began prior to the Enrollee's effective date or after benefits have been terminated;
- Covered Services for which the Enrollee 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 Enrollee's home;
- Medical or Surgical treatment of the eyes;
- Non-prescription (plano) eyewear;
- Orthoptics, vision training or Subnormal or Low Vision Aids;
- Services that are experimental or investigational in nature;
- Services for treatment directly related to any totally disabling condition, illness or injury.
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“Clarifying Your Vision Care Options”

PO Box 25209
Santa Ana, CA 92799-5209
TTY/TDD (877)735-2929
1-800-877-6372
www.MESVision.com

This document is a summary of your vision benefits only. You should refer to your Evidence of Coverage and Disclosure Form for a complete description of your benefits, exclusions, limitations, and all other general provisions.

**Vision Plan
Schedule
Of Benefits
Ventura County
Community College**