

MedBen VisionPlus

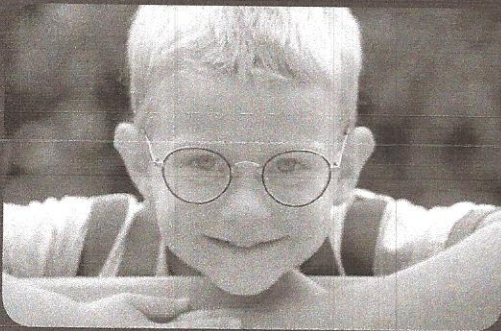
A Voluntary Eye Care Program
Designed for the Employees of
**MIAMI TRACE LOCAL
SCHOOLS**

To Download a Provider Directory:

- 1) Go to www.medben.com.
- 2) Click on "Plan Members (Insureds)."
- 3) Select "Vision Networks" from the "Network Directories" menu.

Vision Claim Forms

While most providers no longer require that you bring a precertified claim form, you may request one by calling MedBen Customer Service at **(800) 252-3447**.



Rates

Employee (EE) Rate	\$9.30/month
Family Rate	\$23.95/month

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health. benefits.

What is VisionPlus?

Regular eye examinations can reduce major medical costs through the early detection of eye disease before becoming serious. That's why MedBen VisionPlus promotes prevention and/or early detection of ocular abnormalities or visual system impairments. VisionPlus is also a total eye care package that provides for the delivery of quality ophthalmic materials at affordable prices.

What are the Benefits?

The following benefits apply when you visit a MedBen VisionPlus participating provider.

Eye Examination. A complete vision examination once every 12 months with only a \$10 copay.

Spectacle Lenses. One pair of basic lenses when corrective eye wear is needed once every 12 months with a \$15 copay. Basic lenses means one pair of single vision, bifocal or trifocal lenses in glass or plastic with no lens extras.

Frame. An allowance of \$75 toward the retail cost of a frame once every 24 months with no copay, if purchased with lenses, otherwise a \$15 copay applies.

Contact Lenses and Fitting Fees. The cost of medically necessary contact lenses is completely covered. An allowance of \$100 for the purchase of cosmetic contact lenses is available once every 12 months with a \$15 copay. (**Note:** Election of this contact lens option is in lieu of eyeglasses.)



Additional Benefits

Covered Extras. Pink #1 & #2 Solid Tints and Ground-in Prisms are covered.

Non-Covered Extras. MedBen VisionPlus provides additional value by limiting the markup on such lens extras as:

- Anti-reflective Coating
- Blended & Progressive Lenses
- Hi Index
- Oversize & Rimless Lenses
- Photochromic
- Polycarbonate
- Solid, Sun & Gradient Tints
- Scratch & Ultraviolet Coating

Non-Panel Reimbursement.

To receive the best benefits available under the plan, VisionPlus encourages you to visit a network provider. Should you choose instead to receive your eye care services from a provider who does not participate with VisionPlus, the plan will reimburse you up to the maximum rates listed below. *All benefits can be used once every 12 months, except for frames (24 months).*

Examination	\$35
One pair of either:	
Single Vision Lenses	\$25
OR Bifocal Lenses	\$40
OR Trifocal Lenses	\$50
Lenticular Lenses	\$80
Frames	\$30
Cosmetic Contact Lenses	\$80
Necessary Contact Lenses	\$175

Deductibles apply and lenses are per pair. Contact lenses are in lieu of eye glasses.

For More Information

To receive additional information about enrolling in the MedBen VisionPlus program, contact your Human Resources representative. (**Note:** Should you elect not to enroll when you become eligible, you will be unable to enroll until the next "open period.")

This summary contains only a partial description of the certificate and policy provisions. All benefits, services and supplies are subject to the terms and conditions of the certificate and policy as issued by Medical Benefits Mutual Life Insurance Co. In the event of a discrepancy between this summary and the actual policy and certificate documents, the certificate and policy will govern. The complete terms of coverage are set forth in the MedBen VisionPlus Summary Brochure (VPA-CERT-001) issued by Medical Benefits Mutual Life Insurance Co.