



# Stark County Schools Council of Governments

## Traditional Vision Benefit Summary

### MEDICAL MUTUAL

<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

<p>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.</p>
<p>Progressive Lenses - In order to receive reimbursement for Progressive lenses the provider must bill for a Bifocal or Trifocal lens.</p>
<p>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.</p>
<p>Medically Necessary Contact Lenses - The allowance for medically necessary contact lenses will be paid only if:</p> <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>