



MEDICAL MUTUAL®

# Stark County Schools Council of Governments

## Traditional Vision Benefit 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	\$40 allowance per exam	
Lenses-Prescription		
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
Lenses-Contacts		
Contacts are provided in lieu of	Lenses and Frames	
Cosmetic Lenses	\$70 allowance every rolling 12 months	
Medically Necessary Lenses	\$400 allowance every rolling 12 months	
Frames		
Frames Frequency Limit	1 every rolling 24 months	
Frames	\$30 per frame	

### Notes

Prescription Lenses - If the frame allowance has not been used; the \$30 allowance can be used towards the cost of prescription lenses.
Progressive Lenses - In order to receive reimbursement for Progressive lenses the provider must bill for a Bifocal or Trifocal lens.
Contact Lenses - If the frame allowance has not been used; the \$30 allowance can be used towards the cost of contact lenses.
Medically Necessary Contact Lenses - The allowance for medically necessary contact lenses will be paid only if: <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>