

# VISION

## SuperMed One® Vision

Today, regularly scheduled vision care exams are more important to your family's overall health than ever. Eye exams can help diagnose such serious health problems as high blood pressure, diabetes, glaucoma and arteriosclerosis. That's why Medical Mutual of Ohio® provides a comprehensive vision program administered by EyeMed Vision Care.

## Why Choose SuperMed One Vision?

Now, periodic eye exams and fashion eyewear can be a part of your personal wellness program. SuperMed One Vision members receive quality vision care and prescription eyewear through a vast network of optometrists and ophthalmologists. As a SuperMed One Vision member you have annual benefits towards an eyeglass examination and pair of eyeglasses or contact lenses, available through thousands of participating network providers. Reduced benefits are available when you obtain services outside the vision care provider network.



SuperMed One Vision		
Benefits	Network	Non Network <sup>1</sup>
Dependent Age Limit	19 dependent, 23 student. Removal upon end of birthday month.	
<b>Professional Services (One every 12 months)</b>		
Spectacle exam	\$15 copayment	\$15 maximum
Contact lens exam	\$15 copayment + any amount over spectacle exam	\$15 maximum
<b>Materials</b>		
Frame (One every 12 months.)	\$0 copayment (Up to \$100. 20% off amount over \$100)	\$30 maximum
Lenses (Uncoated plastic. One pair every 12 months.)		
Single Vision	\$15 copayment	\$10 maximum
Bifocal	\$15 copayment	\$20 maximum
Trifocal	\$15 copayment	\$30 maximum
Lenticular	\$15 copayment	\$40 maximum
Contact lenses (instead of lenses and frames)		
Cosmetic	\$15 copayment (Up to \$100)	\$40 maximum
Medically necessary	\$15 copayment (Up to \$200)	\$75 maximum
Disposable	\$15 copayment (Up to \$100)	\$40 maximum
<b>Listed below are additional ways to save on lens options and contact lenses.</b>		
If an EyeMed Vision provider is used, members are entitled to a discount in addition to the lens copayments listed above. The discount applies to items whether or not they are covered as part of a vision plan.		
Lens Options	Discounted Price (in addition to the \$15 lens copayment)	
Anti-reflective coating	\$45	
Glass	20% off retail price	
Photochromic	20% off retail price	
Polycarbonate	\$40	
Progressive (no-line bifocal)	\$65	
Scratch-resistant coating	\$15	
Solid tint or Gradient tint	\$15	
Ultraviolet coating	\$15	
Contact Lenses		
1. Visit a participating EyeMed Vision location and save 15% on non-disposable or medically necessary contact lenses.		
2. Use the mail-order Vision One Contact Lens Replacement Program and apply discounts when ordering contacts by mail.		

## VISION NETWORK

Wherever you live, you're virtually assured of convenient access to participating licensed optometrists and ophthalmologists. EyeMed Vision Care's nationwide network includes participating Pearle Vision locations, LensCrafters, the optical departments at Sears and Target, and thousands of independent doctors of optometry and ophthalmology. For a location nearest you, call: **800/334-7591.**

This document is only a partial listing of benefits. This is not a contract of insurance. The certificate provides a complete listing of covered services.

### NOTES:

- The discount schedule for lens options and contact lenses listed above is subject to change.
- Once a member's basic vision benefits are exhausted, unlimited pairs of glasses and contacts are available at discount prices.

<sup>1</sup> The non-network maximum is the amount a member receives for covered vision services received from a non-network provider.

Per Month	Applicant	Spouse	Child	Children
Vision	\$7.22	\$7.22	\$5.38	\$8.98

\*Benefits and rates effective 01/01/06 and are subject to change. Check with your insurance broker for the most current rates.

