

Vision Plan through Associations

Effective Date December 01, 2017 - November 30, 2018

MEDICAL EYE SERVICES (MES)

12/24/24 PLAN				NEW 12/12/24 PLAN 12/1/2017	
Vision Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network	Out-of-Network
Deductible: Exams Material	\$10 deductible \$15 deductible	\$10 deductible \$15 deductible	\$10 deductible \$25 deductible	\$10 deductible \$25 deductible	\$10 deductible \$25 deductible
Exam	One comprehensive exam in any 12 consecutive months.	One comprehensive exam in any 12 consecutive months.	One comprehensive exam in any 12 consecutive months.	One comprehensive exam in any 12 consecutive months.	One comprehensive exam in any 12 consecutive months.
Comprehensive Exam	No Charge	Up to \$40	No Charge	No Charge	Up to \$40
Lenses (per pair)	1 pair of standard lenses in any 24 consecutive months, or at a 12 month interval if the prescription changes.	1 pair of standard lenses in any 24 consecutive months, or at a 12 month interval if the prescription changes.	1 pair of standard lenses in any 12 consecutive months.	1 pair of standard lenses in any 12 consecutive months.	1 pair of standard lenses in any 12 consecutive months.
Frames	1 standard frame in any 24 consecutive months.	1 standard frame in any 24 consecutive months.	1 standard frame in any 24 consecutive months.	1 standard frame in any 24 consecutive months.	1 standard frame in any 24 consecutive months.
Contact Lenses	1 pair of standard lenses in any 24 consecutive months, or at a 12 month interval if the prescription changes.	1 pair of standard lenses in any 24 consecutive months, or at a 12 month interval if the prescription changes.	1 pair of standard lenses in any 12 consecutive months.	1 pair of standard lenses in any 12 consecutive months.	1 pair of standard lenses in any 12 consecutive months.
Cosmetic/Convenience Medically Necessary	Up to \$130 No Charge	Up to \$130 Up to \$250	Up to \$130 No Charge	Up to \$130 No Charge	Up to \$130 Up to \$250
Application Requirements					
Member/Employer group applications may be submitted at any time. Applications for new hires should be enrolled within 30 days following the date of eligibility. Dependents must be enrolled during initial enrollment period. If a member enrolls at any other time than December, the annual rate will be pro-rated.					
Individuals must apply within 30 days of becoming a new member of the Association or lose of prior coverage.					
This is just a summary of benefits. Please see the Summary of Vision Benefits for full details.					
* Please note benefit enhancements/changes in RED. No rates changes for current 12/24/24 plan. New 12/12/24 plan being offered as of 12/1/2017.					
Premium Rates Effective 12/1/2017					
12/24/24 Plan			NEW 12/12/24 Plan		
	Subscriber	Subscriber & Spouse OR Subscriber & (1) Child	Subscriber & Spouse OR Subscriber & (1) Child	Subscriber	Subscriber & Spouse OR Subscriber & (1) Child
Monthly Rates	\$7.95	\$14.95	\$14.95	\$8.59	\$15.66
Annual Rates	\$95.40	\$179.40	\$241.20	\$103.08	\$187.92
					Subscriber & Family \$21.57 \$258.84

Monthly rates available for groups with medical coverage upon request.

Other Services:

Long Term Care Plans Life Insurance Options Long Term Disability Plans Long Term Disability Plans Medicare Supplements Prescription Drug Plans

For illustrative purposes only

Ames-Grenz Insurance Services, Inc.

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