

## SUPERMED VISION<sup>®</sup> FROM MEDICAL MUTUAL OF OHIO<sup>®</sup>

IF YOU WEAR GLASSES OR CONTACT LENSES, YOU KNOW JUST HOW EXPENSIVE VISION CARE CAN BE. THAT'S WHY MEDICAL MUTUAL AND COSE HAVE PARTNERED WITH VISION SERVICE PLAN (VSP) TO OFFER YOU A VISION BENEFIT PLAN DESIGNED TO PROVIDE YOU AND YOUR EMPLOYEES WITH QUALITY VISION CARE SERVICES AT A PRICE YOU CAN AFFORD.

### SUPERMED VISION<sup>®</sup> BENEFITS

There are two benefit plans – you can choose the plan that best fits your needs. Both plans cover vision exams, frames and lenses every 12 months. If patients use the VSP network of vision doctors, the exam is covered in full after a \$10 copayment. Lenses and frames within the plan allowance are also covered in full after a \$15 copayment, as are medically necessary contact lenses. An annual allowance of \$130 is available to offset the cost of contact lenses.

If employees choose to receive services from a doctor outside of the VSP network, they will receive partial reimbursement for the expenses. The following plan options are available to you and your employees:

*Vision Option 1* is 100 percent employer-paid that requires all full-time, eligible employees to enroll.

#### MONTHLY PREMIUMS

Employee Only \$6.20	Employee + Spouse \$12.40	Employee + Child \$10.17	Employee + Children \$16.24	Employee/Spouse/Child \$16.37	Employee/Spouse/Children \$22.44
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*Vision Option 2* is a voluntary enrollment plan which requires 25 percent of the premiums to be paid by the employer and 75 percent paid by the employee.

#### MONTHLY PREMIUMS

Employee Only \$9.09	Employee + Spouse \$18.18	Employee + Child \$14.92	Employee + Children \$23.81	Employee/Spouse/Child \$24.01	Employee/Spouse/Children \$32.90
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### GETTING THE MOST FROM YOUR VISION PLAN

For your employees to receive the highest level of benefits from your plan, we recommend using VSP doctors for services. The VSP doctor will perform the vision examination and, if corrective materials are required, order the prescription from a VSP-approved laboratory. VSP will then reimburse the doctor directly for any services rendered – employees have no claims to file.

If employees choose a non-VSP doctor for vision care, they are responsible for paying for any services received in-full at the time of service. Upon submitting a benefit form and itemized bill to VSP, they will then be reimbursed for a portion of the charges.

SERVICES	VISION SERVICE PLAN (VSP) DOCTOR	NON-VISION SERVICE PLAN (VSP) DOCTOR
<b>Comprehensive examination</b>	Covered in full after \$10 copay	\$35 maximum reimbursement after \$10 copay
<b>Examination for contact lenses</b>	Covered in full after \$10 copay (excluding evaluation and fitting fees)	\$35 maximum reimbursement after \$10 copay
<b>Single vision lenses</b>	Covered in full after \$15 copay (only one copay applies to lenses and/or frames)	\$25 maximum reimbursement after \$15 copay
<b>Bifocal lenses</b>	Covered in full after \$15 copay (only one copay applies to lenses and/or frames)	\$40 maximum reimbursement after \$15 copay
<b>Trifocal lenses</b>	Covered in full after \$15 copay (only one copay applies to lenses and/or frames)	\$55 maximum reimbursement after \$15 copay
<b>Lenticular lenses</b>	Covered in full after \$15 copay (only one copay applies to lenses and/or frames)	\$80 maximum reimbursement after \$15 copay
<b>Frames</b>	Covered in full*	\$45 maximum reimbursement after \$15 copay
<b>Medically necessary**</b>	Covered in full after \$15 copay (only one copay applies to lenses and/or frames)	\$210 maximum reimbursement after \$15 copay
<b>Elective Services</b>	\$120 reimbursement	\$105 reimbursement

\* Frames within the plan allowance are covered in full. If you select a frame that costs more than the allowance established for the COSE VSP program, there will be an additional charge. When you visit the VSP participating doctor, ask which frames are covered in full. The allowance designated by COSE is very competitive and ensures that a wide selection of frames will be covered by the plan.

\*\*In place of lenses and frames. Copayments do not apply to elective contact lenses.

### LOCATING A VISION SERVICE PROVIDER

Locate a VSP optometrist or ophthalmologist by calling VSP toll-free at 800/877-7195 or visiting the *Member* section of [vsp.com](http://vsp.com).

