



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	Covered at 100% for either spectacle or contact lens examination
Lenses-Prescription	
Lenses Frequency Limit	1 pair every rolling 12 months
Single Vision	\$75 allowance per pair
Bifocal	\$100 allowance per pair
Trifocal	\$125 allowance per pair
Lenticular	\$200 allowance per pair
Lenses-Contacts	
Contacts are provided in lieu of	Lenses and Frames
Cosmetic Lenses	\$150 allowance every rolling 12 months
Medically Necessary Lenses	\$400 allowance every rolling 12 months
Frames	
Frames Frequency Limit	1 every rolling 24 months
Frames	\$170 allowance

Notes

- Progressive Lenses - In order to receive reimbursement for Progressive lenses the provider must bill for a Bifocal or Trifocal lens.
- Medically Necessary Contact Lenses - The allowance for medically necessary contact lenses will be paid only if:
- (a) the lenses are necessary following cataract surgery;
 - (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
 - (c) the lenses are necessary for the treatment of anisometropia for keratoconus.