

# Vision Coverage

With the Medical Eye Services (MES) vision plan, you have coverage for a wide range of vision services. Vision coverage is available to employees only.

After you've met the annual deductible, the plan begins to pay benefits. The amount the plan pays depends on whether or not you visit a participating provider. When you go to a participating provider, the plan provides full coverage for many covered services and materials. When you go to a non-participating provider, charges will be paid on the basis of prevailing fees, but not to exceed the schedule of allowances in the right column of the following chart.

For a complete list of covered services and limitations/exclusions, refer to the Benefits Summary, available on our LBUSD Benefit website at [www.lbusdwellness.com](http://www.lbusdwellness.com).

MAJOR COVERAGE	Participating Provider	Non-participating Provider
<b>First, you pay an annual deductible...</b>		
Annual deductible		\$10
<b>Then, the plan pays for the following benefits...</b>		
<b>Exams</b>		
Ophthalmic Examination (with or without refraction, once every 12 months)	Plan pays 100%	Plan pays \$60
Optometric Examination (with or without refraction, once every 12 months)		Plan pays \$50
<b>Frames</b>		
Two every 24 months	Plan pays 100% <sup>1</sup>	Plan pays \$40/frame
<b>Lenses (per pair, up to two pairs every 24 months)</b>		
Single Vision (plastic)	Plan pays 100% for two pairs of standard lenses <sup>2</sup>	Plan pays \$43
Bifocal (plastic)		Plan pays \$60
Trifocal (plastic)		Plan pays \$75
Aphakic Monofocal		Plan pays \$120
Aphakic Multifocal		Plan pays \$200
Tints (Pink or Rose #1 or #2)		
Single vision		Plan pays \$10
Bifocals		Plan pays \$15
Trifocals		Plan pays \$20
Tints (other than Pink or Rose #1 or #2)	Not covered	Not covered
<b>Contact Lenses (in lieu of frames and lenses, once every 24 months)</b>		
Medically Necessary	Plan pays 100% <sup>3</sup>	Plan pays \$250
Cosmetic	Plan pays 100%, up to a \$100 maximum	Plan pays \$100

<sup>1</sup> A standard frame is any frame that has a retail value of \$60 or less; you are responsible for any charges above \$60.

<sup>2</sup> Standard lenses are plastic and fit any frame with an eye size less than 56 mm.

<sup>3</sup> Contact lenses are medically necessary if they are prescribed following cataract surgery, when they are the only means to correct visual acuity to 20/70 in the better eye, or when necessitated by anisometropia or certain conditions of keratoconus. **Prior authorization from Medical Eye Services is required before contact lenses will be considered medically necessary.**