Meadows Regional Medical Center Employee Healthcare Plan
Open Enrollment Quick Reference Summary
Effective January 1, 2015

Vision Benefit Year: Jan 1 through Dec 31, 2015

Premiums (per pay period)	
Employee	$3.16
Employee + Spouse	$6.00
Employee + Child(ren)	$6.29
Employee + Family	$9.67

COVERED SERVICE †	COPAYMENT	MAXIMUM ALLOWANCE
Routine Vision Examination	$10.00	$65.00
Frames:	$25.00 ‡	$100.00
Lenses: [1]		
Single Vision	$25.00 ‡	$40.00
Bifocal	$25.00 ‡	$60.00
Trifocal	$25.00 ‡	$80.00
Lenticular / Progressive	$25.00 ‡	$90.00
Contact Lenses (in lieu of eyeglasses):		
Elective	$25.00 §	$140.00
Necessary [2]	$25.00 §	$210.00

NOTES	
	[1] The following Optional Lens Extras are covered up to the maximum allowance of the lens: Standard scratch-resistant coating. You are responsible for charges of other lens options not listed.
	[2] Prior Authorization REQUIRED. Medically necessary contact lenses are determined at the provider's discretion for one or more of the following conditions: following post cataract surgery without intraocular lens implant, to correct extreme vision problems that cannot be corrected with spectacles lenses; with certain conditions of anisometropia; with certain conditions of keratoconus. See Plan Document for details.

Benefits Frequency	In-Network
Routine Vision Examination	12 months
Frames	24 months
Spectacle Lenses	12 months
Contact Lenses	12 months

Benefits Limits

† You are eligible to select only one of either eyeglasses (Eyeglass Lenses and or Eyeglass Frames) or Contact Lenses. If you select more than one of these Services, only one Service will be covered.

‡ If you purchase Eyeglass Lenses and Eyeglass Frames at the same time from your Provider, only one Copayment will apply to those Eyeglass Lenses and Eyeglass Frames together.

§ The Contact Lens allowance includes the contact lens evaluation and fitting, two (2) follow-up visits (after copay), and the purchase of contact lenses. For example, if the fitting/evaluation fee is $30, you will have $110 towards the purchase of contact lenses. If you choose disposable contacts, you may receive up to four (4) boxes of disposable contacts.