



MEDICAL MUTUAL®



Join your cause.

Vision

Vision Benefits

Vision plans from Medical Mutual®

If you wear glasses or contact lenses, you know just how expensive vision care can be. That's why COSE and Medical Mutual partner with Vision Service Plan (VSP) to offer you a vision benefit plan that provides you and your employees with quality vision care services at a price you can afford.



The plan covers 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 \$120 is available to offset the cost of contact lenses for cosmetic purposes. If employees choose to receive services from a doctor outside of the VSP network, they will receive partial reimbursement for the expenses.

This plan is available with two participation models. The first requires all full-time employees to enroll and the employer to pay 100 percent of the premium. The second model offers employees the option to decline coverage and requires the employer to pay a minimum of 25 percent of the premium.

Vision Products	Employee Only	Employee & Spouse	Employee w/1 Child	Employee & Spouse w/1 Child	Employee w/2 Children	Employee & Spouse w/2 Children	Employee w/3+ Children	Employee & Spouse w/3+ Children
Option 1 (Requires all full-time eligible employees to enroll and is 100 percent employer-paid.)								
	\$6.32	\$12.64	\$10.37	\$16.69	\$14.42	\$20.74	\$20.10	\$26.42
Option 2 (Voluntary enrollment for eligible employees and requires a minimum of 25 percent of the premiums to be paid by the employer.)								
	\$9.27	\$18.54	\$15.21	\$24.48	\$21.15	\$30.42	\$29.47	\$38.74

Getting the Most From Your Vision Plan

To ensure your employees receive the highest level of benefits from your plan and pay less out of pocket, 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 service received in-full at the time of service. Upon submitting a claim form and itemized bill to VSP, they will then be reimbursed for a portion of the charges.

Services	VSP Doctor	Non-VSP Doctor
Comprehensive examination	Covered in full after \$10 copay	\$35 maximum reimbursement after \$10 copay
Examination for contact lenses	Covered in full after \$10 copay (excluding evaluation and fitting fees)	\$35 maximum reimbursement after \$10 copay
Single vision lenses	Covered in full after \$15 copay ¹	\$25 maximum reimbursement after \$15 copay
Bifocal lenses	Covered in full after \$15 copay ¹	\$40 maximum reimbursement after \$15 copay
Trifocal lenses	Covered in full after \$15 copay ¹	\$55 maximum reimbursement after \$15 copay
Lenticular lenses	Covered in full after \$15 copay ¹	\$80 maximum reimbursement after \$15 copay
Frames	\$15 copayment ²	\$45 maximum reimbursement after \$15 copay
Medically necessary contact lenses ³	Covered in full after \$15 copay ¹	\$210 maximum reimbursement after \$15 copay
Elective contact lenses ³	\$120 reimbursement	\$105 reimbursement

Please Note: Frames within the 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.

1. Only one copay applies to lenses and/or frames.
2. Up to \$130 allowance; 20% off anything more than \$130.
3. In place of lenses and frames. Copayments do not apply to elective contact lenses.

Locating a VSP Provider

To find a VSP optometrist or ophthalmologist, please call VSP toll-free at 800.877.7195 or visit VSP.com and click on *Members*.



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