



MEDICAL MUTUAL®

Traditional Vision

Benefits	
Benefit Period	January 1 st through December 31st
Dependent Age Limit	26
Over Aged Dependent	28
	Removal upon End of Month
Comprehensive WellVision Exam (one per benefit period)	\$40 Allowed Amount
Frames (one pair every two benefit periods)	
Basic Frame Benefit	\$60 Allowed Amount per frame
Lenses (one set of uncoated plastic lenses every benefit period)	
Single Vision	\$60 Allowed Amount
Bifocal	\$70 Allowed Amount
Trifocal	\$100 Allowed Amount
Lenticular Single	\$70 Allowed Amount
Lenticular Bifocal	\$90 Allowed Amount
Lenticular Trifocal	\$110 Allowed Amount
Contact Lenses¹	
Medically Necessary Contact Lenses	\$175 Allowed Amount
Elective Contact Lenses	\$100 Allowed Amount

Notes:

This document is only a partial listing of benefits. This is not a contract of insurance. No person other than an officer of Medical Mutual may agree, orally or in writing, to change the benefits listed here. The contract or certificate will contain the complete listing of covered services

Allowed Amount: The maximum amount allowed for each service listed. The member is responsible for any charges exceeding the amount, in addition to any copayments listed.

Footnotes:

1. Provided in lieu of lenses. One pair per benefit period.

