Cypress Ancillary Benefits
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Stockton, CA 95219
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MES Vision Rates

The Policy provides full coverage for Covered Services when you go to a Participating Provider of the MESVision network. If Covered Services are provided by a Non-Participating Provider, charges will be paid, but not to exceed the following Schedule of Allowances.

Frequencies	Voluntary/Employer Sponsored	Co-pay	Retail Frame Allowance	Contact Lense Allowance	EE	ES	EC	EF
12:12:12	Employer Sponsored	$10.00	$90.00	$100.00	$9.85	$17.29	$16.99	$24.57
12:12:24	Employer Sponsored	$10.00	$90.00	$100.00	$8.46	$14.78	$14.53	$20.98
12:24:24	Employer Sponsored	$10.00	$90.00	$100.00	$7.46	$12.97	$12.76	$18.40
12:12:12	Employer Sponsored	$10.00	$125.00	$125.00	$10.83	$19.05	$18.70	$27.09
12:12:12	Employer Sponsored	$10/$25	$125.00	$125.00	$8.72	$15.25	$14.99	$21.64
12:12:24	Employer Sponsored	$10.00	$125.00	$125.00	$9.29	$16.28	$15.99	$23.11
12:12:24	Employer Sponsored	$10/$25	$125.00	$125.00	$7.49	$13.04	$12.83	$18.49
12:24:24	Employer Sponsored	$10.00	$125.00	$125.00	$8.18	$14.27	$14.04	$20.26
12:24:24	Employer Sponsored	$10/$25	$125.00	$125.00	$6.62	$11.47	$11.28	$16.23
12:12:12	Employer Sponsored	$10/$25	$150.00	$150.00	$9.61	$16.84	$16.54	$23.93
12:12:24	Employer Sponsored	$10/$25	$150.00	$150.00	$8.25	$14.40	$14.15	$20.43
12:24:24	Employer Sponsored	$10/$25	$150.00	$150.00	$7.27	$12.64	$12.44	$17.92
12:12:12	Voluntary	$10.00	$90.00	$100.00	$13.01	$22.84	$22.44	$32.45
12:12:24	Voluntary	$10.00	$90.00	$100.00	$11.17	$19.53	$19.20	$27.72
12:24:24	Voluntary	$10.00	$90.00	$100.00	$9.86	$17.13	$16.85	$24.30
12:12:12	Voluntary	$10.00	$125.00	$125.00	$14.30	$25.16	$24.71	$35.79
12:12:12	Voluntary	$10/$25	$125.00	$125.00	$11.52	$20.15	$19.80	$28.59
12:12:24	Voluntary	$10.00	$125.00	$125.00	$12.28	$21.51	$21.12	$30.52
12:12:24	Voluntary	$10/$25	$125.00	$125.00	$9.89	$17.22	$16.95	$24.43
12:24:24	Voluntary	$10.00	$125.00	$125.00	$10.81	$18.85	$18.55	$26.76
12:24:24	Voluntary	$10/$25	$125.00	$125.00	$8.75	$15.15	$14.90	$24.44
12:12:12	Voluntary	$10/$25	$150.00	$150.00	$12.69	$22.25	$21.84	$31.61
12:12:24	Voluntary	$10/$25	$150.00	$150.00	$10.90	$19.02	$18.69	$26.99
12:24:24	Voluntary	$10/$25	$150.00	$150.00	$9.60	$16.70	$16.43	$23.67

LIMITATIONS Contact Lenses and fitting except as specifically provided; Eyewear when there in no prescription change, except when benefits are otherwise available; Non-standard lenses, including, but not limited to; Progressive, Photochromic, hi-index, Polycarbonate, occupational lenses, beveled, faceted, coated or oversize; Tints other than pink or rose #1 or #2, except as specifically provided; Two pair of glasses in lieu of bifocals, unless prescribed; New-patient intermediate examinations. When an Enrollee selects a different provider to perform the intermediate examination, the Enrollee will be responsible for the difference between the intermediate examination allowance and the comprehensive examination allowance. To maximize benefits, the patient should return to the original provider; Non-prescription (Plano) eyewear, except when specifically covered.

EXCLUSIONS Any eye examination required by the employer as a condition of employment; Any covered services provided by another vision plan; Conditions covered by Workers' Compensation; Contact lens insurance of care kits; Frame cases; Covered Services which began prior to the Enrollee's effective date or after benefits have been terminated; Charges for which the Enrollee is not legally obligated to pay; Covered Services required by any government agency or program federal, state or subdivision thereof; Covered Services performed by a Close Relative or by an individual who ordinarily resides in the Enrollee's home; Covered Services obtained from a Non-Participating Provider; Medical or Surgical treatment of the eyes; Orthoptics, vision training or Subnormal or Low Vision Aids; Services that are Experimental or Investigational in nature; Services for treatment directly related to any totally disabling condition, illness or injury; Lenses or frames which are lost, stolen or broken will not be replaced, except when benefits are otherwise available; In connection with war or any act of war whether declared or undeclared; a condition or accident occurring while on full-time active duty in the armed forces or any country or combination of countries.

Rates are in-force for plans with effective dates of January 1, 2015 or later. Employer sponsored plans require a minimum of five (5) enrolled employees with a 50% employer contribution towards the employee-only cost and a minimum of 75% participation of all eligible employees or 100% of the dental enrollment. Voluntary rates are available upon request. The Cypress Vision Plan is administered by MESVision® and is underwritten by the Gerber Life Insurance Company of White Plains, NY.

SUMMARY OF VISION BENEFITS

Co-pay: $ Varies by Plan
Comprehensive Vision Exam: Varies by Plan
Lenses:* One pair every (varies by plan) months
Frame: One frame every (varies by plan) months
Contact Lenses:* One pair every (varies by plan) months

This is a brief outline of the plan and is not to be accepted or construed as a substitute for the provisions of the contract.

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	Participating Provider	Non-Participating Provider
Comprehensive Examination	Covered	Up to $40.00
Single Vision Lenses	Covered	Up to $30.00
Bifocal Lenses	Covered	Up to $50.00
Trifocal Lenses	Covered	Up to $65.00
Polycarbonate Lenses***	Up to $85.00	Up to $55.00
Progressive Lenses	Up to $89.50	Up to $65.00
Aphakic Monofocal	Covered	Up to $125.00
Aphakic Multifocal	Covered	Up to $125.00
Frame Retail Allowance*	Up to Plan Allowance	Up to $40.00
Frame Wholesale Equivalent*	Up to $56.60	
Contact Lenses ** Medically Necessary	Covered Up to Plan Allowance	Up to $250.00
Cosmetic or Convenience		Up to Plan Allowance

Underwritten By:

Gerber Life Insurance Company
A separate subsidiary of Gerber Products

* Participating Providers allow a selection of frames that retail up to $(varies by plan) with lenses that fit an eyesize less than 61 millimeters. If a more expensive frame is selected, you are responsible for the additional cost above $(varies by plan). If the lenses received are 61 millimeters or above, the charge for the oversize lenses is your responsibility. Retail frame benefits will be converted to wholesale equivalent prices at certain provider locations, see our website or provider directory for further information.

** This benefit is in addition to the comprehensive vision examination, but in lieu of lenses and frame. If contact lenses are for cosmetic or convenience purposes, the Policy will pay up to $(varies by plan) toward the contact lens evaluation, fitting costs and materials. Any balance is your responsibility. If contact lenses are medically necessary, they are a fully covered benefit. Approval from MESVision is required. Please refer to your Policy if you require additional information.

***For Dependent Children through age 18

Discounts:

A 20% discount is available for cosmetic extras, such as tints, coatings and other add-on charges to standard lenses, after Covered Services are rendered. The discount may be applied to charges for the frame or contact lenses (except disposable or replacement contact lenses) over the stated allowances. The 20% discount also applies to additional pairs of glasses and/ or pairs of standard contact lenses. To determine whether a provider offers the 20% discount, an insured individual can review their Participating Provider Directory, call MESVision or visit www.MESVision.com. Discounts are available through TLCVision for conventional and custom LASIK procedures with the TLCVision Advantage Program.

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Employer sponsored plans require a minimum of five (5) enrolled employees with a 50% employer contribution towards the employee-only cost and a minimum of 75% participation of all eligible employees or 100% of the dental enrollment. Voluntary plans require a minimum of ten (10) enrolled employees or 20%. The Cypress Vision Plan is administered by MESVision and is underwritten by the Gerber Life Insurance Company of White Plains, NY.