



MEDICAL MUTUAL®

MMI: 000020000180137920

Effective Date: 050116

Performance Guarantee: Y

**Group Benefit Summary Report**

**12/21/2023 12:43 PM**

*Group*

Group Number	Group Name	Section
418649	Madison Local Schools	003

*Signature*

I have reviewed the entire Group Benefit Summary Report and it is approved with no changes:

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Title

\_\_\_\_\_

Date

*Grandfathered Status*

I confirm this plan is Grandfathered as defined by the Affordable Care Act (45 CFR 147.140 Preservation of right to maintain existing coverage)

Signature \_\_\_\_\_

Or, initial if not applicable \_\_\_\_\_

*Vision*

Subcategory	Variable	
<b>General Information</b>		
Product		Traditional Vision
Dependent Age	(effective 11/1/20)	No Age Restriction - Certification Required; Dependents between the ages of 26 and 99 are covered while they are still in school. The group will

Subcategory	Variable	
		monitor the eligibility requirements and certification
Student Age		No Age Restriction - Certification Required; Dependents between the ages of 26 and 99 are covered while they are still in school. The group will monitor the eligibility requirements and certification
Older Age Child		26
Dependent Removal		End of Month
Claims Filing Limit		12 months
<b>How Claims are Paid</b>		
Benefit Period		January 1st through December 31st
Schedule Code		Y22
<b>Examinations</b>		
Vision Examinations	(1 per benefit period)	\$75 per exam
<b>Lenses-Prescription</b>		
Lenses Frequency Limit		1 pair per benefit period
Single Vision		\$60 allowance per pair
Bifocal		\$70 allowance per pair
Trifocal		\$100 allowance per pair
Lenticular Single		\$100 allowance per pair
Lenticular Bifocal		\$100 allowance per pair
Lenticular Trifocal		\$100 allowance per pair
<b>Lenses Contacts</b>		
Contact Frequency Limit		One pair per benefit period
Contacts are provided in lieu of		Lenses only
Cosmetic Lenses		\$100 allowance per pair
Medically Necessary Lenses		\$175 allowance per pair
<b>Frames</b>		
Standard Frames	(1 per 2 benefit periods)	\$100 per frame
<b>Additional Vision Services</b>		
1)	Progressive Lenses	\$150 per pair

Benefits will be administered by Medical Mutual of Ohio. Benefits will be determined based on Medical Mutual's medical and administrative policies and procedures. This document is only a partial listing of benefits. This is not a contract of insurance. Only 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. In certain instances, Medical Mutual's payment may not equal the percentage listed above. However, the covered person's coinsurance will always be based on the lesser of the provider's billed charges or Medical Mutual's negotiated rate with the provider.