



Mayfield City Schools Vision

Benefits	
Benefit Period	January 1 st through December 31 st
Dependent Age Limit	19 Dependent / 24 Student Removal upon Birth Date
Examinations	One per benefit period
Vision Examinations	\$7.50 copay, then 100%
Frames	One per two benefit periods
Basic Frames	\$12.50 copay, then 100% per frame
Prescription Lenses	One per benefit period
Single Vision Lenses	\$12.50 copay, then 100% per pair
Bifocal Lenses	\$12.50 copay, then 100% per pair
Trifocal Lenses	\$12.50 copay, then 100% per pair
Contacts In Lieu of Lenses	One per benefit period
Medically Necessary	100% per pair

Note: 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. 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.