

City of Akron

Benefit Period: January 1 through December 31

Dependent Age Limit: 26; Removal upon End of Month

		Plan Pays
Benefits	Comprehensive Vision Exam One per benefit period	\$50 Allowed Amount
	Frames One pair every two benefit period.	
	Basic Frame Benefit	\$60 Allowed Amount
	Lenses One set of uncoated plastic lenses every one benefit periods.	
	Single Vision	\$40 Allowed Amount
	Bifocal	\$60 Allowed Amount
	Trifocal	\$76 Allowed Amount
	Lenticular Single	\$92 Allowed Amount
	Lenticular Bifocal	\$92 Allowed Amount
	Lenticular Trifocal	\$92 Allowed Amount
	Contact Lenses¹	
	Medically Necessary Contact Lenses	\$116 Allowed Amount
	Elective Contact Lenses	\$60 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.