
FRESNO UNIFIED SCHOOL DISTRICT

TO: PARTICIPANTS OF THE FRESNO UNIFIED SCHOOL DISTRICT EMPLOYEE HEALTH CARE PLAN
FROM: JOINT HEALTH MANAGEMENT BOARD
SUBJECT: EMPLOYEE HEALTH CARE PLAN AMENDMENT 2012-1
DATE: NOVEMBER 1, 2012

The **Joint Health Management Board** of the **Fresno Unified School District** has amended the Vision Plan Benefits portion of the Plan. Effective **January 1, 2013**, Medical Eye Services (MES) replaces both Vision Service Plan (VSP) and Safeguard as the single vision plan option. The MES insured plan provides benefits as described in their own separate policy, which is underwritten by Gerber Life Insurance Company. If you require further clarification of vision benefits, contact MES at 1-800-877-6372 or www.MESVision.com.

This notice defines changes to the **Fresno Unified School District Employee Health Care Plan**. The language below replaces section 'Vision Plan Benefits for Plan Options A and B' (pages 45-47), of the Plan Booklet dated April 1, 2012.

SUMMARY OF VISION PLAN BENEFITS FOR PLAN OPTIONS 'A' AND 'B':

Co-pay: Exam \$5.00
 Comprehensive Vision Exam: One every 12 months
 Lenses:* (Standard) One pair every 12 months
 Frame:** One frame every 24 months
 Contact Lenses:*** One pair every 12 months

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.

	Participating Provider	Non-Participating Provider
Comprehensive Examination	Covered	Up to \$ 45.00
Single Vision Lenses*	Covered	Up to \$ 30.00
Bifocal Lenses*	Covered	Up to \$ 50.00
Trifocal Lenses*	Covered	Up to \$ 65.00
Progressive Lenses	Up to \$ 89.50	Up to \$ 65.00
Polycarbonate Lenses****	Up to \$ 85.00	Up to \$ 55.00
Aphakic Monofocal	Covered	Up to \$ 125.00
Aphakic Multifocal	Covered	Up to \$ 125.00
Frame**	Up to \$130.00	Up to \$ 75.00
Contact Lenses ***		
Medically Necessary	Covered Approval required	Up to \$ 250.00
Cosmetic or Convenience	Up to \$130.00	Up to \$ 130.00

*"Standard" lenses (plastic) fit any frame with an eye size less than 61mm.

** Participating Providers allow a selection of frames that retail up to **\$130.00** with lenses that fit an eye size less than 61 millimeters. If a more expensive frame is selected, you are responsible for the additional cost above **\$130.00**. If the lenses received are 61 millimeters or above, the charge for the oversize lenses is your responsibility. "The retail frame allowance will be converted to wholesale or warehouse equivalent prices at category 5 or 6 provider locations (please refer to the Plan's website at www.MESVision.com). The wholesale or warehouse equivalent may be approximately 30% less than the retail frame allowance; please confirm this benefit before ordering your eyewear."

*** 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 **\$130.00** 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.

Limitations

Contact Lenses and fitting except as specifically provided; Eyewear when there is 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.

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.