

## Vision Coverage

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Through the MPTN Vision Care Plan, you can save money on your eye care needs if you enroll for coverage. The plan covers examinations, eyeglasses and contact lenses. When you enroll for medical coverage, you automatically receive vision coverage at no extra cost to you.

### *For More Information ...*

If you need more information about participating in health care coverage, including eligibility, contact Human Resources at 1-888-287-4369.

## What the Plan Pays

The plan pays a flat amount, depending on the service, within a specified period:

Vision Service	Maximum Benefit	Maximum Frequency
Eye examination	\$30 per exam	One exam per 12-month period
Eyeglass lenses	\$50 per set	One set per 12-month period
Eyeglass frames	\$30 per set	One set per 24-month period
Contact lenses	\$80	One set per 12-month period

### Getting More for Your Vision Care Dollars

Don't forget that you may be able to use a Health Care Flexible Spending Account to help pay for any vision care expenses not covered by the MPTN vision or medical plans. For more information, see "Health Care Flexible Spending Account" in the *Flexible Spending Accounts* section.

The plan allows for one set of eyeglasses or one set of contact lenses — but not both — in a 12-month period. The maximum dollar amount that the plan will pay is \$110 in a 12-month period.

## Filing a Claim for Benefits

Here is the way you claim benefits under the Vision Plan:

1. See your doctor or other vision care provider. Generally, your doctor will submit your claim to the plan.
2. If your doctor does not submit your claim for you, you pay in full for all services received and file a claim with MPTN. Your claim must include an itemized bill showing the name and address of the patient, the name of the team member, the services rendered, and the amount paid.
3. The plan will reimburse up to the maximum amount allowed for each benefit period.

For more information on the maximum benefits available under the Vision Plan, see “What the Plan Pays” within this section.

## If Your Claim Is Denied

If you are not satisfied with the outcome of a benefits claim you have submitted, you can ask that the claim be reviewed. See “Claims Review and Appeals Procedures” in the *Rules and Regulations* section for more information.