

HOW TO USE YOUR BENEFITS

MECA Network Providers

1. Schedule an appointment with your provider
 - ❖ Verify Provider is a MECA participant to receive maximum benefits
 - ❖ Give Provider the Employees Social Security Number, Patient's name and date of birth. Inform them of your employment with Crawford County Community Schools
2. Upon receiving services, MECA and your Provider will do the rest.
 - ❖ The Provider will fill out the form and send to MECA
 - ❖ Pay Provider for service not covered by the School's Plan.

If you should have any questions, call 1 800-875-6322.

HOW TO USE YOUR BENEFITS (cont'd)

If You Select a Out-Of-Network Provider

1. Call MECA to verify your eligibility status.
2. Submit an itemized receipt or the doctor's generic claim form with your employer's name, social security number, address and patient information listed on the receipt.
3. Make an appointment with the doctor of your choice.
 - ❖ After the examination, pay the required fees for services rendered.
 - ❖ Submit the completed claim form, or itemized receipts with all required charges. MECA will then reimburse the employee.

Reimbursement for approved claims will be mailed to you within 30 days after receiving a properly executed claim form. You will be reimbursed per the authorized schedule for out-of-network providers.

- ❖ Contact MECA at 1-800-875-6322 for complete eligibility and benefit information.

CRAWFORD COUNTY COMMUNITY SCHOOLS VISION PLAN



Mutual Eye Claim Audits, Inc.

P.O. Box 17190

Indianapolis, In 46217

1-800-875-6322 * 317-862-2500

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meca@indy.net

CRAWFORD COUNTY COMMUNITY SCHOOLS MECA VISION PLAN

YOUR MECA VISION PLAN MAKES A VISIBLE DIFFERENCE:

Access to any Provider across the Nation allowing Freedom of Choice

Access to an extensive Network of Providers

- ❖ Ophthalmologists
- ❖ Optometrists
- ❖ Opticians
- ❖ National Chains
- ❖ Providers who offer 1 hour service

Access to eye exams that can detect systemic health problems

Access to an excellent vision plan that discounts your eye exam and lenses

Access to a non-automated customer service department Monday through Friday, 7:00am-4: 30pm.

ELIGIBILITY

You are eligible for vision care benefits described herein provided you are a permanent employee who has completed the probationary period per the rules and regulations or Union contract and have enrolled in the vision plan. Spouses are eligible provided he/she is not legally separated and enrolled in the plan. Unmarried dependent children under 20 years of age are eligible to be enrolled in the plan.

FREQUENCY OF BENEFITS

Benefit	Frequency	Plan pays
Exam MD	18 Months	Up to \$50.00
OD	18 Months	Up to \$50.00.
LENSES		
Single	18 Months	Up to \$40.00
Bifocal	18 Months	Up to \$60.00
Trifocal	18 Months	Up to \$80.00
Prog	18 Months	Up to \$80.00.
Frames	18 Months	Up to \$50.00
Contacts	18 Months	Up to \$130.00
(This plan allows for both glasses and contacts)		

¹Discounted savings up to 55%

²Discounted savings up to 62%

³Discounted lens savings up to 70%

⁴Children under age 20 are once every 12 months.

PLAN EXCLUSIONS AND LIMITATIONS

The vision plan is designed to cover your vision requirements rather than cosmetic purposes. An additional charge may be made if you select any of the following:

1. Additional charges for oversize, tinted coated lenses or any "extra" added to the lens.
2. Additional charges for blended, progressive or executive lenses.
3. The cost of a frame or contact lenses in excess of the plan allowance.
4. More than one pair of glasses or contact lenses.
5. Charges over the standard 65mm single vision, D 25 & 28 bifocals and 7x25 & 7x28 trifocals.
6. Glasses that do not require a prescription.
7. Medical or surgical treatment of the eye and/or medication for the eye.
8. Special procedures, such as vision training, subnormal vision aids or non-prescription lenses.
9. Services or materials provided as a result of any Workman's Compensation Law.
10. Exams and/or materials ordered:
 - a) Before coverage begins or after termination;
 - b) Or services obtained without cost.