



Ohio Turnpike Commissions
SuperMed Vision™
EyeMed Access Network
Non-Standard Option
Bargaining and Non-Bargaining
Effective 01/01/11



Services	EyeMed Access Network	Non-network ¹
Dependent Age Limit	26	
Over Aged Child	28	
	Removal upon End of Month	
Professional Services (One every 12 months)		
Spectacle exam	\$10 copay, then 100%	\$25 maximum
Contact lens exam	\$10 copay, then 100%	\$25 maximum
Frame (One every 24 months)	\$0 copay (Up to \$125 20% off anything more than \$125)	\$18 maximum
Lenses (Uncoated plastic one pair every 12 months)		
Single vision	\$15 copayment	\$25 maximum
Bifocal vision	\$15 copayment	\$35 maximum
Trifocal vision	\$15 copayment	\$52 maximum
Lenticular vision	\$15 copayment	\$62 maximum
Contact lenses (instead of lenses and frames. One pair every 12 months)		
Conventional	\$125 maximum (15% off anything more than \$125)	\$125 maximum
Disposable	\$125 maximum	\$125 maximum
Medically necessary	100%	\$210 maximum

Listed below are additional ways to save on lens options and contact lenses through the SuperMed Vision program.

Lens options: If an EyeMed Vision Care provider is used, members are entitled to a discount. The discount applies to items whether or not they are covered as part of a vision plan. The available discounted lens options are listed below.

Lens options	*Discounted price	Lens options	*Discounted price
Progressive (no-line bifocal).....	\$65	Anti-reflective coating.....	\$45
Polycarbonate.....	\$40	Solid tint or Gradient tint.....	\$15
Scratch-resistant coating.....	\$15	Photochromic.....	20% off retail price
Ultraviolet coating.....	\$15	Glass.....	20% off retail price

Contact lenses: Listed below are two convenient ways to obtain contact lenses

1. Visit a participating EyeMed Vision Care location and save 15% on non-disposable or medically necessary contact lenses.
2. Use the Contact Lens by Mail Program and apply discounts when ordering contacts by mail.

The discount schedule for lens options and contact lenses listed above is subject to change by EyeMed Vision care. EyeMed Vision Care manages SuperMed Vision.

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.

¹ The non-network maximum is the amount a member receives for covered vision services received from a non-network provider.

*Discounts available through EyeMed Access providers only.