



MISSOURI EDUCATORS' TRUST

Vision Plan Options

Effective July 1, 2019

	Plan 1	Plan 2
Deductible - Exam	\$20	\$10
Deductible - Glass Lenses & Frames	\$20	\$10
Annual Eye Exam	Covered in full	Covered in full
Lenses (per pair)		
Single Vision	Covered in full	Covered in full
Bifocal	Covered in full	Covered in full
Trifocal	Covered in full	Covered in full
Lenticular	Covered in full	Covered in full
Contacts		
	Fitting/Follow Up included in Allowance	Fitting/Follow Up included in Allowance
Fit & Follow up Exams		
Elective	Up to \$110	Up to \$150
Medically Necessary	Covered in full	Covered in full
Frames	Up to \$110	Up to \$150
Frequencies (months) Exam/Lens/Frame	12/12/24	12/12/24
Frequencies Based On	Calendar Year	Calendar Year
Lens Options		
Progressive Lenses	Up to provider's contracted fee for Lined Bifocal Lenses, Patient pays 80% of the difference between base Lens and Progressive Lens charge	Up to provider's contracted fee for Lined Bifocal Lenses, Patient pays 80% of the difference between base Lens and Progressive Lens charge
Standard Polycarbonate	Covered in full for dependent children/\$40 adults	Covered in full for dependent children/\$40 adults
Solid Plastic Dye	up to \$17 (expect Rose Tint I & II Covered in Full)	up to \$17 (expect Rose Tint I & II Covered in Full)
Plastic Gradient Dye	Up to \$17	Up to \$17
Photochromatic Lenses (glass & plastic)	Up to \$82	Up to \$82
Scratch Resistant Coating	Up to \$17	Up to \$17
Anti-reflective Coating	Up to \$45	Up to \$45
Ultraviolet Coating	Up to \$17	Up to \$17
Additional Discounts	20% of additional lenses and frame options, up to 15% off of LASIK in network	
Rate Guarantee	5 Years	
Employee	\$4.00	\$5.77
Employee & Spouse	\$8.02	\$11.53
Employee & Child(ren)	\$8.50	\$12.87
Family	\$13.38	\$19.56