Redwood Health Services

Mendocino USD
Vision Benefits Summary
Group # 9341

Benefit Year: July 1, 2026 – June 30, 2027
Benefit Coverage: Eye Exam Contacts & Lenses

Frames
Copays & Deductible: $0

Benefit Coverage	Frequency	Plan Pays
Eye Examination	1 per benefit year	Up to $117.50
Prescription Contact Lenses	Every 12 months	Up to $80
Prescription Lenses Includes single, bifocal and trifocal, etc.	Every 12 months	Up to $40
Frames	Every 24 months	Up to $40

Benefits Limitation

1. VISION EXAMINATION – paid up to $117.50 for a complete exam including an eye exam refraction per benefit year
2. FRAMES, LENSES, OR CONTACTS
   a. Initial set of frames and lenses are paid up to $80.00
   b. Thereafter, in each year
      i. If a correction is required – the benefits will pay for one set of lenses up to $40.00, and $40.00 towards one set of replacement frames when the correction is such that a new set of frames is required. Prescription contact lenses, if provided at the person's option, will be covered up to the combined total allowance of $80.00 for frames and lenses
      ii. If a correction is not required – benefits will pay $40.00 towards lenses, and $40.00 towards frames for two (2) contract years have passed, and every 2nd contract year thereafter
   c. Prescription Contact Lenses – if provided at the member's option, will be covered up to the combined total allowance for frames and lenses of $80.00
3. CONDITION OF SERVICES – Services must be provided by a licensed ophthalmologist, optometrist, or dispensing optician
4. BIRTHDATE RULE – If dependents are covered by more than one plan, the insured person whose birthday (month and day, not year) is the earliest in the year, will be considered the primary insurance coverage. The subscriber will be responsible for submitting the claim to any other insurance
5. CLAIM SUBMISSION – Claims must be submitted for payment no later than six (6) months after the date of services

Exclusions May Include:

1. Services and Material
   a. In connection with special procedures, such as vision training
   b. In connection with medical or surgical treatment
2. Sunglasses or safety lenses, plane or prescription, no line bifocals (blended or seamless), coating, two (2) pair of lenses in lieu of bifocals or tempered lenses
3. Eye examinations are required by:
   a. An employer as a condition of employment
   b. A government body
4. Replacement of lenses or frames which have been lost, stolen, or broken (unless two (2) contract years have passed)

Contact Information: Phone: 800 548-7677, option 2 Email: rhscustomerservice@rhs.org
Customer Service Hours: Monday – Friday, 7:30am - 4:00pm PT