



REAL BENEFITS - REAL VALUE BECOME AN ABH MEMBER.



ASSOCIATION FOR BETTER HEALTH



ABOUT ABH

The Association for Better Health (ABH) is a membership organization who serves individuals in 50 states looking to improve their personal and their family's physical, financial, and overall wellbeing.

Through the collective purchasing power of our membership, a holistic benefit program has been developed to enable our members to receive a wide variety of discounts, privileges, and services. Membership benefits are designed to provide the resources, education, and road map to achieve and maintain a healthy lifestyle.

The benefits of membership are specifically designed to allow ABH members to save money on a variety of goods, services, and insurance coverage. Members can take advantage of many programs that will assist with enhancing their overall quality of life.

HEALTH PROGRAMS

- GymAmerica.com
- LensCrafters Vision Club
- Association Hearing Services
- HealthFitLabs Vitamin Discount

CONSUMER PROGRAMS:

- 1800Flowers Program
- HopTheShops Program
- LifeLock Identity Theft Protection
- Magazine Discounts Program
- Moving Services Program
- My Association Savings Program
- True Car Auto Buying Service Program
- Travel Program

BUSINESS PROGRAMS

- ADP Payroll Processing Service
- Credit Card Processing
- Travel Visas & Expedited Passports
- Customized Web Services
- Computer and Digital Equipment
- Integrated Communications
- Office Discounts
- Penny Wise Office Products
- Wireless Traveler
- Constant Contact
- UPS Express Delivery Service

SCHEDULE OF BENEFITS AND COVERAGE



Co-pay		\$10.00 Exam / \$25.00 Ma	terials
Benefit		Frequency	
Comprehensive Vision Exam Lenses Frames Contact Lenses*		One every I2 month One pair every I2 months One frame every 24 months One pair every I2 months	
Benefit	Participatin	ng Provider	Non-Participating Provider
Comprehensive Examination Single Vision Lenses Bifocal Lenses Trifocal Lenses Polycarbonate Lenses*** Progressive Lenses Photochromic Lenses Anti-Reflective Ultraviolet Coating Scratch Coating Aphakic Monofocal Aphakic Multifocal Frame Retail Allowance*	Covered Covered Covered Up to \$85.00 Up to \$89.50 Up to \$30.00 Up to \$25.00 Up to \$16.00 Up to \$15.00 Covered Covered Up to \$150.00		Up to \$40.00 Up to \$30.00 Up to \$50.00 Up to \$65.00 Up to \$65.00 Up to \$65.00 Up to \$20.00 Up to \$15.00 Up to \$10.00 Up to \$125.00 Up to \$125.00 Up to \$125.00 Up to \$75.00
Contact Lenses**			
Medically Necessary Cosmetic or Convenience	Covered Up to \$150.00)	Up to \$250.00 Up to \$150.00

^{*} Participating Providers allow a selection of frames that retail up to \$150.00 with lenses that fit an eyesize less than 61 millimeters. If a more expensive frame is selected, you are responsible for the additional cost above \$150.00. If the lenses received are 61 millimeters or above, the charge for the oversize lenses is your responsibility. "The retail frame allowance will be converted to wholesale or warehouse equivalent prices at category 5 or 6 provider locations (please refer to the Plan's website at www.MESVision.com). The wholesale or warehouse equivalent may be approximately 30% less than the retail frame allowance; please confirm this benefit before ordering your eyewear".

Vision benefits offered and administered by First Continental Life and Accident Insurance Company, 101 Parklane Blvd. Suite 301, Sugar Land, Texas 77478. Only Available in Certain States.

^{**} This benefit is in addition to the comprehensive vision examination, but in lieu of lenses and frames. If contact lenses are for cosmetic or convenience purposes, the Policy will pay up to \$150.00 toward the contact lens evaluation, fitting costs and materials. Any balance is your responsibility. If contact lenses are medically necessary, they are a fully covered benefit. Approval from MESVision is required. Please refer to your Policy if you require additional information.

^{***} For Dependent Children through age 18

ADDITIONAL DISCOUNTS



CONTACT LENS ELECTIVE

Allowance includes fitting, exam, and lenses. The cost of the fitting and evaluation is deducted from the cost of the contact lens allowance. Allowance can be applied to disposables. Applies when contacts are chosen in lieu of glasses. Members can order contacts online at www.MESVisionOptics. com and apply their benefits at checkout.

ADDITIONAL GLASSES

20% off the retail price on additional pairs of prescription glasses (at Discount Program Provider Locations).

FRAME DISCOUNT

30% off the remaining balance in excess of the frame allowance of \$150 biannually.

LASER VISION CARE

An average discount of 20% on LASIK and PRK. Discounts available through TLCVision for conventional and custom LASIK Procedures with the TLCVision Advantage program. For more information Please visit www.LasikPlus.com or call 1 (866) 755-2026.

THE POLICY PROVIDES FULL COVERAGE FOR COVERED SERVICES WHEN YOU GO TO A PARTICIPATING PROVIDER OF THE MESVISION NETWORK. IF COVERED SERVICES ARE PROVIDED BY A NON-PARTICIPATING PROVIDER, CHARGES WILL BE PAID, BUT NOT TO EXCEED THE FOLLOWING SCHEDULE OF ALLOWANCES.

TO FIND A PARTICIPATING PROVIDER NEAR YOU, PLEASE VISIT WWW.MESVISION.COM AND CLICK ON SEARCH FOR A PROVIDER OR CALL (800) 877-6372.

Rates apply to MESVision network only. To reduce out- of-pocket expenses, always use an In-Network provider.

You must be a member of Association for Better Health3800 North Central Avenue, Phoenix AZ 850I2 - \$2 monthly fee to receive access to Brightldea Vision

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BRIGHT IDEA VISION FAQ



DOES MY VISION PLAN HAVE ANY WAITING PERIODS?

There are NO WAITING PERIODS! All benefits begin on your effective date.

WHO IS ELIGIBLE TO PURCHASE THE PLAN?

The insurance coverage is available in states where it's approved to anyone age 18 and older. You can request coverage for your dependents; dependent eligibility varies based on State law.

CAN I PURCHASE A VISION PLAN IF MY EMPLOYER OR HEALTH PLAN DOES NOT PROVIDE ONE?

Yes, anyone can take advantage of the Preferred Vision Plan.

DO I HAVE COVERAGE OUTSIDE OF THE STATE I LIVE IN?

Yes, if you are traveling or have a covered dependent living in a different state, you will still have coverage unless it is in Maine, Minnesota, New Hampshire, or Washington.

HOW DO I SUBMIT CLAIMS?

You or your dentist may submit completed claim forms along with any requested information to the address provided on your member ID card. Dentists may submit claims electronically to the contact information provided on your member ID card. You may also contact us directly for assistance at (800) 979-8266.

WHAT IF I WANT TO CANCEL THE POLICY?

Agentra Healthcare Solutions attn: Brightldea Vision 4201 Spring Valley Road, Suite 1500 Dallas, TX 75244 or by calling (800) 979-8266.

All Cancellation requests will be effective on the next billing period.

CONTACT YOUR AGENT TODAY!

OR CALL (800) 979-8266 TO FIND AN AGENT





4201 Spring Valley Road, Suite 1500 Dallas, Texas 75244

Underwritten by First Continental Life and Accident Vision Network provided through MESVision Only Available in Certain States.