

County Health Pool Vision Benefit Summary Effective January 1, 2019



Covered Benefits	In-Network
EXAMINATION	\$15 Co-pay A complete exam once every 12 months
EYEGLOSS LENSES AND FRAMES	\$15 Co-pay Necessary lenses once every 12 months <ul style="list-style-type: none"> • Single vision, lined bifocal and trifocal lenses • Polycarbonate lenses for dependent children Frame allowance once every 24 months <ul style="list-style-type: none"> • \$150 allowance for wide selection of frames (\$80 allowance at Costco) • \$170 allowance for featured frame brands • 20% savings on the amount over your allowance
CONTACT LENSES	up to \$60 Co-Pay <ul style="list-style-type: none"> • Contact lens exam (fitting and evaluation) Once every 12 months in lieu of eyeglasses <ul style="list-style-type: none"> • \$150 allowance for contacts
COVERED PROVIDERS	Vision Service Plan (VSP) Choice Network Consult www.vsp.com or call Customer Service at 1-800-877-7195
EXTRA DISCOUNTS AND SAVINGS	<p>Lens Enhancements</p> <ul style="list-style-type: none"> • Standard Progressive lenses - \$55 • Premium Progressive lenses - \$95-\$105 • Custom Progressive lenses - \$150-\$175 • Average savings of 20-25% on other lens enhancements <p>Prescription Eyeglasses and Sunglasses</p> <ul style="list-style-type: none"> • 20% off additional prescription glasses and sunglasses, including lens enhancements from any VSP provider within 12 months of your last Well Vision Exam <p>Retinal Screening</p> <ul style="list-style-type: none"> • No more than a \$39 copay on routine retinal screening as an enhancement to a Well Vision exam. <p>Diabetic Eyecare Plus Program</p> <ul style="list-style-type: none"> • \$20 co-pay, Services related to diabetic eye disease, glaucoma and age-related macular degeneration. Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask you VSP doctor for details <p>Laser Vision Correction Discounts</p> <ul style="list-style-type: none"> • 15% off regular price or 5% off promotional price. Only available at contracted facilities.
Non VSP Provider Coverage	<p>Exam.....up to \$45 Frameup to \$70 Single Vision Lenses.....up to \$30 Lined Bifocal Lenses.....up to \$50 Lined Trifocal Lenses.....up to \$65 Progressive Lenses.....up to \$50 Contacts.....up to \$110</p>