

# Vision Plan

To help you maintain good vision, the County of Riverside offers a voluntary vision plan through EyeMed Vision Care. A voluntary plan is one in which you are responsible for the full cost of the premiums. Because the County is able to leverage its size and negotiate on your behalf, the premiums are lower than what you would pay if you purchased vision coverage on your own.

## EYEMED VISION CARE (EYEMED)

### HOW THE PLAN WORKS

Under this vision plan, you can choose between network and non-network providers—but you will receive a higher level of benefits if you go to a provider in the EyeMed Vision network.

EyeMed Vision has the largest network in California, including independent providers and national and regional retailers like LensCrafters, Walmart, Target and Pearle Vision. To find a provider in your area, you can visit EyeMed Vision online at [www.eyemed.com](http://www.eyemed.com) or call **(844) 409-3401** for pre-enrollment questions. If you are currently enrolled in the EyeMed plan, contact member services at **(866) 800-5457**.

When you go to a network provider, the plan pays the total cost of eye exams, as well as lenses and selected frames. Discounts are also available on lens options (such as ultraviolet protection) and laser eye surgery. If you decide to go to a non-network vision care provider, you will have to pay your entire bill at the time you receive services, and then file a claim with EyeMed Vision. You will be reimbursed for your non-network expenses up to the allowances listed in the chart on the next page.

### WHAT'S COVERED?

The plan covers eye exams, frames, lenses and contact lenses once every 12 months. The plan does not cover sunglasses (prescription or cosmetic), replacements for lost lenses or frames, or post-cataract lenses. For more information, contact EyeMed Vision (see page 19 for contact information).

To avoid duplication of coverage, please check to see if your medical plan provides vision benefits.

EyeMed offers digital ID cards through its app, plus printed ID cards. However, an ID card is not required to use EyeMed benefits.

## EYEMED VISION CARE PLAN BENEFITS

Frequency of Services		
<b>Exams</b>	12 months	
<b>Lenses</b>	12 months	
<b>Frames</b>	12 months	
<b>Contacts</b> (elective or medically necessary)	12 months	
Benefit	Network Provider	Non-Network Provider
<b>Eye exams</b>		
- Exams at PLUS Providers	\$0 copay	N/A
- Exam with dilation	\$0 copay	Plan reimburses up to \$40
- Retinal imaging	Plan pays up to \$39	Not covered
<b>Frames</b>		
- Any available frame at PLUS Providers	\$170 allowance, 20% off balance	N/A
- Retail allowance	\$120 allowance, 20% off balance	Plan reimburses up to \$84
- Wholesale allowance	\$84 allowance	Plan reimburses up to \$84
<b>Standard plastic lenses</b>		
- Single vision lenses	\$0 copay	Plan reimburses up to \$30
- Bifocal lenses	\$0 copay	Plan reimburses up to \$50
- Trifocal lenses	\$0 copay	Plan reimburses up to \$70
- Standard progressive lenses	\$0 copay	Plan reimburses up to \$50
- Premium progressive lenses (Tier 1-4)	\$85, \$95, \$110 or \$175 copay	Plan reimburses up to \$50
<b>Lens options</b>		
- UV treatment	\$15 copay	Not covered
- Tint	\$15 copay	Not covered
- Standard scratch coating	\$15 copay	Not covered
- Polycarbonate (adults)	\$40 copay	Not covered
- Polycarbonate (kids<19)	\$0 copay	Plan reimburses up to \$20
- Standard AR	\$45 copay	Plan reimburses up to \$23
- Premium AR (Tier 1-3)	\$57, \$68, \$85 copay	Not covered
- Photochromic	\$75 copay	Not covered
- Other	20% off retail	Not covered
<b>Contact lens fit and follow-up</b> (in lieu of lenses)		
- Standard	Plan pays up to \$40	Not covered
- Premium	10% off retail price	Not covered
<b>Contact lenses</b>		
- Conventional	\$105 allowance, 15% off balance over \$105	Plan reimburses up to \$74
- Disposable	\$105 allowance	Plan reimburses up to \$74
- Medically necessary	Paid in full	Plan reimburses up to \$300