

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 or call **(844) 409-3401**.

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