

VSP SUMMARY OF BENEFITS



VISION

Good vision is an important component of your overall health. To be eligible for vision benefits, you must be a regular County employee scheduled to work at least 20 hours per week and covered by one of the eligible bargaining or employee units listed below. Your bargaining or employee unit determines the vision plans for which you are eligible.

VSP ELIGIBILITY

The County provides VSP coverage at no cost for employees in the groups listed below and their eligible dependents. You do NOT need to enroll yourself, but you do need to elect coverage for your eligible dependents. The plan pays benefits and offers discounts for most vision care expenses you incur while covered by the plan.

- Elected Officials
- Management
- Confidential
- Unrepresented
- DDAA
- LEMU (Law Enforcement Management)
- Resident Physicians
- Pharmacy Residents

VSP HIGHLIGHTS

Benefit Duration	Participating Provider	Non-Participating Provider
Exams (every 12 months)	\$20 copayment	\$20 copayment
Lenses (every 12 months)	\$20 copayment	\$20 copayment
Frames (every 12 months)	\$20 copayment	\$20 copayment
Contacts		
- Visually necessary (every 24 months)	No copayment	No copayment
- Elective (every 24 months)	No copayment	No copayment
Benefit Maximum	Participating Provider	Non-Participating Provider
Eye examinations	100%	100% up to \$45
Eyeglass lenses and frames or contact lenses		
- Single vision lenses	100%	100% up to \$45
- Bifocal lenses	100%	100% up to \$65
- Trifocal lenses	100%	100% up to \$85
- Lenticular lenses	100%	100% up to \$125
Frames	100% up to \$120	100% up to \$47
Contacts (in lieu of frames and lenses)		
- Medically necessary	100%	100% up to \$210
- Elective	100% up to \$120	100% up to \$105

EYEMED SUMMARY OF BENEFITS

EYEMED VISION CARE (EYEMED) PLAN ELIGIBILITY

The County offers two vision options through EyeMed for employees represented by the bargaining units listed below.

- SEIU
- LIUNA
- RSA Public Safety

For EyeMed, you may choose between:

- Plan 1 – Eye Exam and Eyewear, or
- Plan 2 – Eyewear Only

Both plans have no deductible and include discounts for contact lenses. Both EyeMed plans allow you to choose care from in-network or out-of-network providers. When you receive care from an in-network provider, the plan pays the provider directly, and your out-of-pocket costs are lower. The plan pays benefits and offers discounts for most vision care expenses you incur while covered under the plan, subject to the maximum benefit amounts.

EYEMED VISION PLAN HIGHLIGHTS

Benefit Duration	Plan 1 – Eye Exam and Eyewear		Plan 2 – Eyewear Only	
Exams	12 months		Not covered	
Lenses	12 months		12 months	
Frames	12 months		12 months	
Contacts				
- Visually necessary	12 months		12 months	
- Elective	12 months		12 months	
Benefit Maximum	In-Network	Out-of-Network	In-Network	Out-of-Network
Eye examinations	\$0 copayment	Reimbursement up to \$40	Not covered	Not covered
Eyeglass lenses or contact lenses				
- Single vision lenses	\$0 copayment	Reimbursement up to \$30	\$0 copayment	Reimbursement up to \$30
- Bifocal lenses	\$0 copayment	Reimbursement up to \$50	\$0 copayment	Reimbursement up to \$50
- Trifocal lenses	\$0 copayment	Reimbursement up to \$70	\$0 copayment	Reimbursement up to \$70
- Lenticular lenses	\$0 copayment	Reimbursement up to \$70	\$0 copayment	Reimbursement up to \$70
Frames	\$0 copayment, 20% off balance over \$75 allowance at Retail Provider \$0 copayment, balance over \$53 allowance at Wholesale Provider	Reimbursement up to \$53 (Wholesale & Retail)	\$0 copayment, 20% off balance over \$75 allowance	Reimbursement up to \$53
Contacts (in lieu of frames and lenses)				
- Medically necessary	100%	100% up to \$300	100%	100% up to \$300
- Elective	\$0 copayment up to \$100 allowance if chosen in lieu of all other services	Reimbursement up to \$70 if chosen in lieu of all other services	\$0 copayment up to \$100 allowance	Reimbursement up to \$70