

**County Health Pool**  
**Vision Benefit Summary**  
 Effective January 1, 2022



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"> <li>• Single vision, lined bifocal and trifocal lenses</li> <li>• Polycarbonate lenses for dependent children</li> <li>• Standard Progressives covered in full</li> </ul> Frame allowance once every 24 months <ul style="list-style-type: none"> <li>• \$150 allowance for wide selection of frames (\$80 allowance at Costco &amp; Walmart)</li> <li>• \$170 allowance for featured frame brands</li> <li>• 20% savings on the amount over your allowance</li> </ul>
CONTACT LENSES	up to \$60 Co-Pay <ul style="list-style-type: none"> <li>• Contact lens exam (fitting and evaluation)</li> </ul> Once every 12 months in lieu of eyeglasses <ul style="list-style-type: none"> <li>• \$150 allowance for contacts</li> </ul>
COVERED PROVIDERS	Vision Service Plan (VSP) Choice Network Consult <a href="http://www.vsp.com">www.vsp.com</a> or call Customer Service at 1-800-877-7195
EXTRA DISCOUNTS AND SAVINGS	<p><b>Lens Enhancements</b></p> <ul style="list-style-type: none"> <li>• Standard Progressive lenses - \$55</li> <li>• Premium Progressive lenses - \$95-\$105</li> <li>• Custom Progressive lenses - \$150-\$175</li> <li>• Average savings of 20-25% on other lens enhancements</li> </ul> <p><b>Prescription Eyeglasses and Sunglasses</b></p> <ul style="list-style-type: none"> <li>• 20% off additional prescription glasses and sunglasses, including lens enhancements from any VSP provider within 12 months of your last Well Vision Exam</li> </ul> <p><b>LightCare</b></p> <ul style="list-style-type: none"> <li>• Members without a need for prescription eyewear can use their Lightcare Benefit to purchase ready-made non-prescription blue light filtering glasses or ready-made non-prescription sunglasses. When they select this option, both their frame and lens benefits will be exhausted.</li> </ul> <p><b>Retinal Screening</b></p> <ul style="list-style-type: none"> <li>• No more than a \$39 copay on routine retinal screening as an enhancement to a Well Vision exam.</li> </ul> <p><b>Primary Eyecare Plus Program</b></p> <ul style="list-style-type: none"> <li>• \$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</li> </ul> <p><b>Laser Vision Correction Discounts</b></p> <ul style="list-style-type: none"> <li>• 15% off regular price or 5% off promotional price. Only available at contracted facilities.</li> </ul>
Non VSP Provider Coverage	<b>Exam.....up to \$45</b> <b>Frame .....up to \$70</b> <b>Single Vision Lenses.....up to \$30</b> <b>Lined Bifocal Lenses.....up to \$50</b> <b>Lined Trifocal Lenses.....up to \$65</b> <b>Progressive Lenses.....up to \$50</b> <b>Contacts.....up to \$105</b>