

## 2026 Actives Vision Plan Comparison Chart

	Heritage Vision Base Plan	Heritage Vision Enhanced Plan
<b>Monthly Employee Contributions</b>		
Single coverage	Covered by the County	\$0.80
Two-Person coverage	Covered by the County	\$7.17
Family coverage	Covered by the County	\$12.94
<b>Benefit Frequency and Exams</b>		
Benefit Frequency (exam, frames, and lenses)	Every 24 months	Every 12 months
Eye Exam	Covered 100%	Covered 100% after \$5 co-pay
<b>Frames</b>		
Eyeglass Frames	\$75 Retail Allowance You pay retail frame costs over allowance, less 20% discount	\$130 Retail Allowance You pay retail frame costs over allowance, less 20% discount
	Walmart/Sam's EDLP Frames Level 2 \$50 Retail Allowance	Walmart/Sam's EDLP Frames Level 3 \$75 Retail Allowance
<b>Standard Lenses (Per Pair): Choice of One (plastic or glass is covered)</b>		
Single Vision Lenses	Covered 100%; no co-pay	Covered 100% after \$10 Copay
Bifocal Lenses	Covered 100%; no co-pay	Covered 100% after \$10 co-pay
Trifocal Lenses	Covered 100%; no co-pay	Covered 100% after \$10 co-pay
Lenticular Lenses	Covered 100%; no co-pay	Covered 100% after \$10 co-pay
Progressive, Standard	Not covered	Covered 100% after \$10 co-pay
Progressive, Premium	Not covered	80% of the difference between the standard and premium, after \$50 co-pay
<b>Lens Options and Upgrades:</b>		
Tint (one solid color tint allowed)	Covered 100%; no co-pay	Covered 100%; no co-pay

<b>Polycarbonate, Child</b>	20% Discount	Covered 100% after \$10 Copay
<b>Other Lens Options:</b> <b>Anti-Reflective Coating; Hi-Index, Mirror Coating, Photochromatic UV Coating, Scratch Coating, Polarization, Polycarbonate, Adult</b>	20% Discount	20% Discount
<b>Contact Lenses (instead of eyeglass frames and lenses):</b> <b>Benefit applies to contact lens exam, and cost of lenses and professional fitting</b>		
<b>Standard Contact Fitting</b>	10% Discount	Covered 100% after \$40 Copay
<b>Premium Contact Fitting</b>	10% Discount	10% Discount
<b>Elective/Cosmetic Contact Lenses</b>	\$100 Retail Allowance; no co-pay (You pay retail contact lens costs over \$100, less 10% discount)	\$130 Retail Allowance 10% discount applied to balance for
<b>Medically Necessary Contact Lenses</b>	Covered 100%; no co-pay	Covered 100%; no co-pay

*The above is a high-level summary. Please refer to the plan documents for additional details.*