

## Vision Plan – Heritage Vision

Service	Heritage Vision Base Plan	Heritage Vision Enhanced Plan
Monthly Employee Contributions		
Single	Covered by the County	\$0.81
Two-Person	Covered by the County	\$7.28
Family	Covered by the County	\$13.14
Benefits		
Benefit Frequency (exam, frames, and lenses)	Every 24 months	Every 12 months
Eye Exam	Covered 100%	Covered 100% after \$5 copay
Eyeglass Frames	\$75 retail allowance 20% discount applied to member's balance for frame amount exceeding \$75 allowance	\$130 Retail Allowance 20% discount applied to member's balance for frame amount exceeding \$130 allowance
Lenses (Per Pair): Choice of One (plastic or glass is covered)		
Single Vision Lenses	Covered 100%; no co-pay	Covered 100% after \$10 Copay
Bifocal Lenses		
Trifocal Lenses		
Lenticular Lenses		
Progressive Lenses		
Lens Options and Upgrades:		
Tint (one solid color tint allowed)	Covered 100%; no co-pay	Covered 100%; no co-pay
Other Lens Options: • Thinner Lenses • Scratch Coating • UV Coating • Anti-Reflective Coating • Transitions	20% Preferred Pricing Discount for all lens options and upgrades not covered by the plan	20% Preferred Pricing Discount for all lens options and upgrades not covered by the plan
Contact Lenses (instead of eyeglass frames and lenses): Benefit applies to contact lens exam, and cost of lenses and professional fitting		
Elective/Cosmetic Contact Lenses	\$100 retail contact allowance; no co-pay (You pay contact lens expenses over \$100)	\$130 Retail Allowance 10% discount applied to member's balance for frame amount exceeding \$130 allowance
Medically Necessary Contact Lenses	Covered 100%; no co-pay	Covered 100%; no co-pay