

VISION SUMMARIES

Core Vision Plan

The Core Vision Plan pays for vision examinations, corrective lenses and frames when prescribed by an ophthalmologist or an optometrist. Following is a schedule of benefits and exclusions.

Service or Supply	Maximum Calendar Year Benefit
Examinations, including refraction, once every 12 months By Member Physician By Non-Member Physician	Paid in Full \$25.00
Lenses (when eyeglasses are required by a change in prescription) standard size, and quality white glass or white plastic. Single Vision Bifocal Trifocal Lenticular Contact	UCR* Current Benefit \$89.00 \$125.00 \$158.00 \$50.00 See Contact Note
Frames (when necessary to accommodate newly prescribed lenses) – Once every 24 months	\$40.00

*Usual Customary Rate (UCR) is the usual rate for that particular area that is charged in the general area as determined by the Claims Administrator.

Contact Note: Coverage applies when contact lenses are required following cataract surgery or when vision is correctable to 20/70 or better only by the use of contact lenses. If an enrollee selects contact lenses as an alternative to lenses and frames, the Plan will pay up to \$50 per lens, or \$100 per pair. The enrollee is responsible for the difference between the provider's retail charge and the benefit payment.

Buy-Up Option Vision Plan

The Buy-Up Option Vision Plan pays for vision examinations, corrective lenses and frames when prescribed by an ophthalmologist or an optometrist.

The High Option Vision Plan will pay the billed charges up to \$250 maximum per calendar year per enrolled person for any combination of vision exams, lenses, frames and contacts.

The above information is intended as a brief outline of the City of Salem Vision plans. In the event of a discrepancy, the benefit contract will supercede the information provided in this summary. You should contact the summary plan document (SPD) for exact benefit plan terms and conditions.