

## Vision Plans Summary of Benefits-AFSCME, IAFF, Unrepresented, and SCABU

<b>VISION COVERAGE</b>			
<i>Vision Services</i>	<b>EBMS Traditional Vision</b> <i>(Closed to new enrollment)</i>	<b>EBMS \$500 Vision</b>	<b>Kaiser Permanente Vision</b>
	<b>Plan Pays:</b>	<b>Plan Pays:</b>	<b>Plan Pays:</b>
Routine Eye Exam Frequency	Once per calendar year	Once per calendar year	Covered by medical plan.
Routine Eye Exam (Under age 19)	100% (in-network) \$25 (out-of-network)	100% (in-network) 40% (out-of-network)	
Routine Eye Exam (Age 19+)	100% (in-network) \$25 (out-of-network)	Up to \$500 every two calendar years for any combination of routine eye exam, frames, lenses, and contacts	
Frames	\$40 once per 24 months		Not covered. Kaiser Permanente medical members may enroll in the EBMS \$500 vision plan.
Lenses	\$89 - Single Vision \$125 - Bifocal \$158 - Trifocal \$50 - Lenticular		
Contact Lenses	\$100 per calendar year		

This is a brief outline of the City of Salem health plan coverage. If there is a discrepancy between this summary and the plan document, the plan document will prevail. Refer to the Summary Plan Document (SPD) for the health plan's terms and conditions.

AFSCME members the \$500 vision plan renews in even years.

IAFF, Unrepresented, and SCABU members the \$500 vision plan renews in odd years.