

Vision Plans Summary of Benefits-SPEU

VISION COVERAGE			
<i>Vision Services</i>	EBMS Traditional Vision	EBMS \$250 Vision	Kaiser Permanente Vision
	Plan Pays:	Plan Pays:	Plan Pays:
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 \$250 every calendar year for any combination of 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 \$250 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.