

Summary of El Paso County Vision Benefits

EyeMed "Access" Vision Plan			
Find a provider at www.eyemed.com			
Vision Plan Tiers	Per Pay Period Cost (Twice Monthly)	Monthly Cost	
Employee Only	\$2.99	\$5.98	
Employee + Spouse	\$5.68	\$11.36	
Employee + Child(ren)	\$5.98	\$11.96	
Employee + Family	\$8.79	\$17.58	
Benefit	Frequency	In-Network	Out-of-Network (Reimbursement)
Exam	Once Every 12 Months	\$10 Copay	Up to \$35
Standard Lenses Single Vision Lenses Bifocal Lenses Trifocal Lenses	Once Every 12 Months (combined frequency for Lenses and Contact Lenses)	\$25 Copay	Up to \$40
		\$25 Copay	Up to \$60
		\$25 Copay	Up to \$80
Contact Lenses Conventional Disposable Medically Necessary		\$0 Copay, \$130 Allowance	Up to \$105
		\$0 Copay, \$130 Allowance	Up to \$105
		\$0 Copay, Paid in Full	Up to \$200
Frames	Once Every 24 Months	\$0 Copay, \$150 Allowance	Up to \$45

REFER TO THE EMPLOYEE BENEFITS GUIDEBOOK ON THE EMPLOYEE PORTAL FOR PLAN DETAILS

This is only a summary of benefits. Should there be differences between this summary and the plan documents, contracts or policies, the plan documents, contract, and/or policies will govern.