



LAURENS COUNTY CARES EMPLOYEE VISION PLAN 2022-2023 SCHEDULE OF BENEFITS

The Laurens County Vision Plan is a self-insured/county funded plan. This means that there is no network requirement and members are not restricted to utilizing specific vision facilities. You may choose your own vision providers.

The Comprehensive Vision Expense Benefit Plan provides coverage for the following types of vision expenses:

1. Eye exams by an ophthalmologist or doctor
2. Lenses and contacts
3. Frames Benefits are payable in accordance with any applicable co-payment amounts, deductible amounts, and benefit percentages listed in the Vision Schedule of Benefits or Plan Payment Provisions.

Eye examinations must be performed by an ophthalmologist or doctor. An optometrist or optician must furnish your lenses and frames. An optician is a person whose services include preparing and ordering ophthalmic lenses based on a prescription and furnishing eyeglass frames.

An optometrist is a doctor who is licensed to practice optometry. An optician is a person whose services include the preparation or ordering of ophthalmic lenses based on a prescription. The optician must be legally qualified to perform these services in the jurisdiction in which the services are rendered. Neither the optician nor the optometrist may be related to the participant by blood or marriage.

The following Services will be covered up to the maximum allowance when obtained from a licensed optometrist or optician. When obtaining these Services, you will be required to pay a Co-payment at the time of service. The amount of Co-payment is as noted in the chart below.

COVERED SERVICE	FREQUENCY OF SERVICE	CO-PAYMENT	MAXIMUM ALLOWANCE
Routine Vision Examination	Once every 12 months	\$10	Up to \$65
Eyeglass Frames	Once every 24 months [†]	\$10	Up to \$150
Eyeglass Lenses	Once every 12 months [†]		
• Single Vision		\$10 [‡]	Up to \$40
• Bifocal		\$10 [‡]	Up to \$60
• Trifocal		\$10 [‡]	Up to \$80
• Progressive		\$10 [‡]	Up to \$90
Contact Lenses	Once every 12 months [†]		
• Elective (Conventional or Disposable)		\$0 [‡]	Up to \$150 [§]

Benefits are available every twelve (12) or twenty-four (24) months (depending on the benefit frequency), based on the last date of service)

Optional Lens Extras, like scratch resistant coating and UV protection, are covered only up to the Maximum Allowance for that lens type.

Medically necessary contact lenses require pre-certification with Core Health Services (CHS).

[†] You are eligible to select only one lens option, Eyeglass Lenses and/or Eyeglass Frames, or Contact Lenses. If you select more than one of these Services, only the higher Allowance will be reimbursed.

[‡] If you purchase Eyeglass Lenses and Eyeglass Frames at the same time from your Provider, only one Co-payment will apply to those Eyeglass Lenses and Eyeglass Frames together.

[§] The Contact Lens allowance includes the contact lens evaluation and fitting. For example, if the fitting/evaluation fee is \$30, you will have \$120 towards the purchase of contact lenses.

SEE SPD FOR DETAILED LIMITATIONS & EXCLUSIONS