

COUNTY OF HUMBOLDT

Vision Benefit Summary

Your vision care benefit payments are based on the following SCHEDULE OF ALLOWANCES for the listed services and supplies when provided by a licensed ophthalmologist, optometrist or dispensing optician:

- A. One (1) complete eye examination for refractive error in each calendar year;
- B. Either one (1) pair of eyeglasses or one (1) set of contact lenses in each calendar year. A "pair of eyeglasses" shall consist of one (1) frame and two (2) lenses. A "set of contact lenses" shall consist of two (2) lenses.

SCHEDULE OF ALLOWANCES

A.	Eye Examination	\$50.00
B.	Prescribed Eyeglasses (allowance includes two lenses or two lenses and one frame):	
	➤ Single Vision	\$160.00
	➤ Bifocal	\$160.00
	➤ Trifocal	\$160.00
	➤ Lenticular	\$160.00
C.	Prescribed contact lenses (allowance is for each eye):	
	➤ For cosmetic reason, in lieu of other eye wear	\$80.00
	➤ Required after cataract surgery	\$100.00
	➤ When the visual acuity of the patient is not correctable to 20/70 in the better eye by use of the conventional type lens, but can be improved to 20/70 or better by the use of contact lenses	\$100.00

EXCLUSIONS

Vision benefits provided by the County of Humboldt do not cover the following services or supplies:

- A. Services and materials in connection with special procedures such as orthopedics and visual training, or in connection with medical or surgical treatment;
- B. Sunglasses or safety lenses, plano or prescription, no line bifocals (blended or seamless), coatings, two (2) pairs of lenses in lieu of bifocals or tempered lenses;
- C. Eye examinations required by an employer as a condition of employment, or by a government body
- D. Replacement of lenses or frames which have been lost, stolen or broken;
- E. Duplication of benefits provided by another medical plan. However, in the event that coverage for any of the listed services is provided by another medical plan offering benefits to employees of the County of Humboldt, benefits of this provision may be coordinated with that plan.

SUBMIT VISION CLAIMS TO:

County of Humboldt
Risk Management Division
Attn: Shelle Ferguson
825 5th Street
Eureka, CA 95501
Telephone (707) 268-3669