

Yolo County Medical Eye Services Plan Comparison 2016

Benefit Eligibility	Basic Plan	Buy-Up Plan
Copay:	\$0	\$0
Comprehensive Vision Exam:	One every 12 months	One every 12 months
Lenses:	One pair every 24 months	One pair every 12 months
Frame:	One frame every 24 months	One frame every 12 months
Contact Lenses:	One pair every 24 months	One pair every 12 months

Coverage for Services with Participating and Non-Participating Providers

BASIC PLAN	Participating Provider	Non-Participating Provider	BUY UP PLAN	Participating Provider	Non-Participating Provider
Comprehensive Exam	Covered	Up to \$40.00	Ophthalmologic Exam	Covered	Up to \$40.00
Single Vision Lenses	Covered	Up to \$30.00	Optometric Exam	Covered	Up to \$40.00
Bifocal Lenses	Covered	Up to \$50.00	Single Vision Lenses	Covered	Up to \$30.00
Trifocal Lenses	Covered	Up to \$65.00	Bifocal Lenses	Covered	Up to \$50.00
Polycarbonate Lenses	Up to \$85.00	Up to \$55.00	Trifocal Lenses	Covered	Up to \$65.00
Progressive Lenses	Up to \$86.51	Up to \$65.00	Polycarbonate Lenses	Up to \$85.00	Up to \$65.00
Aphakic Monofocal	Covered	Up to \$125.00	Progressive Lenses	Up to \$86.51	Up to \$55.00
Aphakic Multifocal	Covered	Up to \$125.00	Aphakic or Lenticular Lenses	Covered	Up to \$125.00
Frame	Up to \$105	Up to \$40.00	Frame	Up to \$150	Up to \$75.00
Contact Lenses Medically Necessary	Covered	Up to \$250.00	Contact Lenses Medically Necessary	Covered	Up to \$250.00
Cosmetic or Convenience	Up to \$105	Up to \$100.00	Cosmetic or Convenience	Up to \$150	Up to \$150.00

The policy provides full coverage for Covered Services when you go to a Participating Provider of the MES Vision Network. If Covered Services are provided by a Non-Participating Provider, charges will be paid, but not to exceed the limits listed above.

Vision Plan Premium Comparison

Employee Group	Per Payroll Deduction (24 times per year)	
	Basic Vision Plan	Buy Up Vision Plan
Employees in the General Unit, Probation Unit, Investigator's Unit, Correctional Officers and Deputy Sheriff's *	\$0.50	\$5.14
Employees in the Supervisor's Unit, Management Unit, Attorney's, and all other unrepresented employees receiving a benefit package	\$4.96	\$9.60

The County vision insurance contribution is \$4.46 per payroll period for each employee or 90% of the basic plan premium.