

# Vision Coverage



## Your Vision Coverage

City employees receive vision care benefits through a vision plan offered through **EyeMed**. The City provides this benefit at no cost to you and your eligible dependents, and you will be enrolled automatically. Your benefits through EyeMed include exams, frames, and either lenses or contacts every 12 months.

### Using Your EyeMed Benefit

To access benefits, you just need to provide your name and date of birth to an in-network EyeMed provider.

No ID cards are needed, but can be printed on [eyemedvisioncare.com/cityofla](http://eyemedvisioncare.com/cityofla).

## The EyeMed Network

EyeMed provides care through a network of vision care specialists who have agreed to offer covered services at discounted rates. The EyeMed Insight network has over 98,000 providers, including 50,000 independent providers plus national retail chains such as LensCrafters®, Sears Optical®, Target Optical®, JCPenney Optical®, and most Pearle Vision® locations. To find a provider near you and schedule an appointment, visit [eyemedvisioncare.com/cityofla](http://eyemedvisioncare.com/cityofla) or download the EyeMed mobile app (available in the Apple App Store and Google Play) and choose the Insight network from the list of network options.

### Out-of-Network Providers

You can visit a vision care provider who does not participate in the EyeMed network and still receive benefits for covered services. You will be reimbursed up to a maximum dollar amount if you provide EyeMed with an itemized receipt and a completed claim form. Claim forms are available at [eyemedvisioncare.com/cityofla](http://eyemedvisioncare.com/cityofla) or by calling the EyeMed Customer Care Center at **855-695-5418**.

Annual Benefit to Purchase Eyeglasses & Contacts		
	Covered	Not Covered
<b>Option 1</b>	\$150 Contact Lens Allowance + \$150 Frame ONLY Allowance	Eyeglass lens
<b>Option 2</b>	\$150 Frame Allowance + Eyeglass lens copay benefit options	Contact lenses





## In- and Out-of-Network Vision Benefits

Benefits are available to you and your covered dependents **once every twelve months**.

Benefits	EyeMed In-Network Provider What you pay	Out-of-Network Provider What the Plan reimburses
<b>Routine Eye Exam<sup>1</sup></b>	\$10 copay	\$45 reimbursement maximum*
<b>Exam Options:</b>		
Standard Contact Lens Fit & Follow-up	\$55 copay	N/A
Premium Contact Lens Fit & Follow-up	90% of retail price	
Retinal Screening	\$10 copay	\$21 reimbursement maximum*
Frames <sup>2</sup>	\$150 allowance, 80% of balance over \$150	\$104 reimbursement maximum*
<b>Eyeglass Lenses<sup>2</sup></b>		
<b>Lenses<sup>2</sup></b>		
Single Vision	\$10 copay	\$35 reimbursement maximum*
Bifocal	\$10 copay	\$50 reimbursement maximum*
Trifocal	\$10 copay	\$65 reimbursement maximum*
Standard Progressive <sup>†</sup>	\$75 copay	\$70 reimbursement maximum*
Premium Progressive Tier 1 <sup>†</sup>	\$95 copay	\$70 reimbursement maximum*
Premium Progressive Tier 2 <sup>†</sup>	\$105 copay	\$70 reimbursement maximum*
Premium Progressive Tier 3 <sup>†</sup>	\$120 copay	\$70 reimbursement maximum*
Premium Progressive Tier 4 <sup>†</sup>	\$75 copay, 80% of charge less \$120 allowance	\$70 reimbursement maximum*
<b>Contact Lenses</b>		
<b>Lens Options<sup>2</sup></b>		
UV Treatment	\$15	N/A
Tint (Solid & Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$15	N/A
Standard Polycarbonate – Adults	\$40	N/A
Standard Polycarbonate – Kids under 19	\$0 copay	\$28 reimbursement maximum*
Standard Anti-Reflective Coating†	\$45	N/A
Premium Anti-Reflective Tier 1 <sup>†</sup>	\$57	N/A
Premium Anti-Reflective Tier 2 <sup>†</sup>	\$68	N/A
Premium Anti-Reflective Tier 3 <sup>†</sup>	80% of charge	N/A
Polarized	80% of retail price	N/A
Photochromic/Transitions Plastic	\$75	N/A
Other Add-ons	80% of retail price	N/A
<b>Contact Lenses<sup>2</sup></b>		
Conventional	\$150 allowance	\$120 reimbursement maximum*
Disposable	\$150 allowance	\$120 reimbursement maximum*
Medically Necessary	\$0 copay, paid in full	\$210 reimbursement maximum

\* Subject to review and approval of a completed claim form with an itemized receipt submitted to EyeMed

† Tier levels reflect Name Brand categories.

<sup>1</sup> Eye Exam coverage through EyeMed applies to a routine eye exam for a vision prescription. Medical eye exams are typically covered through your health care provider. See the chart on page 30 and visit [keepingLAwell.com](http://keepingLAwell.com) for more information.

<sup>2</sup> The Frame allowance can be used with either the Contact Lenses allowance OR the Lenses/Lens Options copay options during a calendar year. Contact Lenses and Eyewear Lens benefits cannot be used together in the same calendar year. Visit [keepingLAwell.com](http://keepingLAwell.com) for more information.

## Retinal Imaging

Retinal imaging uses a laser to scan the eyes and then produces digital images of the retinas. The images can be useful in finding abnormalities and comparing the condition of retinas from year to year. You may receive one retinal screening every 12 months for an additional \$10 copay.

## Diabetic eye care benefit

Starting January 1, 2020, your vision plan will include a benefit that provides follow-up care and supplementary diagnostic testing for members with type 1 or type 2 diabetes. With this benefit, eligible members can obtain an additional vision evaluation every six months to detect or monitor signs of diabetic complications. Diagnostic testing once every six months, including fundus photography (retinal imaging), extended ophthalmoscopy, gonioscopy, and laser scanning, is available with no in-network copay, subject to provider determination. An out-of-network reimbursement is also available.



### How EyeMed Benefits Work with Medical Plan Vision Benefits

Anthem and Kaiser members who prefer to receive an annual vision exam through their medical plan providers may do so but are not entitled to an eyewear allowance through their medical plan. Eyewear (frames, lenses, and contacts) received from a medical plan provider may be submitted to EyeMed for reimbursement as an out-of-network provider. Members may also visit an EyeMed in-network provider using their medical plan provider prescription and purchase eyewear using their EyeMed materials benefit. The following chart outlines how your EyeMed benefit can be used with your medical plan:

Description	EyeMed	Kaiser	Anthem
<b>Routine Eye Exam</b>	Covered with copay.	Covered with copay.	Not covered.
<b>Eyewear – Frames, Lenses, or Contacts</b>	<b>Up to \$150</b> allowance every year (does not roll over if not used).	Not covered (Partial reimbursement available from EyeMed if member files an out-of-network claim.)	
<b>Medical Eye Exams</b> (e.g. Screening for medical vision conditions like glaucoma, cataracts, etc.)	Check with EyeMed provider <b>before</b> seeking medical/ ophthalmology-related services.	Covered with copay.	Covered with copay. Primary Care Physician (PCP) referral and/or medical group authorization may be required under HMO plans. Please contact your PCP for information regarding their referral process <b>before</b> seeking care from a specialist.
<b>Treatment of Vision Conditions</b> (e.g. glaucoma, cataracts, etc.)	Not covered.	Covered with copay.	Covered with copay. Primary Care Physician (PCP) referral and/or medical group authorization may be required under HMO plans. Please contact your PCP for information regarding their referral process <b>before</b> seeking care from a specialist.

\* Allowances may vary per specific benefit, based on the type of benefit item purchased, and do not apply to all benefits.



## Vision Plan Costs and Coverage Levels

All vision insurance premium costs are paid by the City. Enrollment in the vision plan will match your elected enrollment into medical coverage. For more information on eligible dependents, see page 47.

Employees electing Cash-in-Lieu will be automatically enrolled in the Employee-Only level of vision coverage. However, employees who are covered as a dependent of another City employee will only receive one coverage benefit as a dependent.