

Orange County Fire Authority

Group# SIDVOCF

VISION BENEFIT SUMMARY

Benefit	Frequency	Reimbursement Amount
Eye Exam	1 per calendar year	Up to \$50
Frames	1 per calendar year	Up to \$75
Lenses	1 per calendar year	Single Vision - \$70 Bifocal - \$80 Trifocal - \$120 Lenticular / Aphakic Monofocal - \$150
Contact Lenses	1 per calendar year - In lieu of eyeglasses	Up to \$300 when medically necessary Up to \$120 for convenience

- ❖ **Choice of Provider:** Visit any provider; member is responsible for any fees over the below listed amount.
- ❖ 30 day waiting period from date of hire.
- ❖ This is a summary of plan benefits only. Please refer to your Summary Plan Description (SPD) for complete benefit details, including limitations and exclusions. If there is any discrepancy between this benefit sheet and the SPD, the SPD prevails.