

# AFSCME Local 18, Los Angeles County of Sanitation Workers

## Plan Design Summary

### Eye Exam, Lenses, Frames, Frequencies

Proposed Effective Date: 1/1/2025

	Plan 1: Sharper Vision		Plan 1: TrueView	
	VSP Choice Network + Affiliates	Out of Network	EyeMed Insight Network	Out of Network
Annual Eye Exam	Covered in full	Up to \$45	Covered in full	Up to \$35
Lenses (per pair)				
Single Vision	Covered in full	Up to \$30	Covered in full	Up to \$25
Bifocal	Covered in full	Up to \$50	Covered in full	Up to \$40
Trifocal	Covered in full	Up to \$65	Covered in full	Up to \$55
Lenticular	Covered in full	Up to \$100	20% discount	No benefit
Progressive	See lens options	NA	See lens options	NA
Frame Allowance	\$130**	Up to \$70	\$150	Up to \$75
Frequencies				
Exam/Lens/Frames	12/12/24	12/12/24	12/12/24	12/12/24
	Based on date of service	Based on date of service	Based on date of service	Based on date of service

\*\*The Costco and Walmart allowance will be the wholesale equivalent.

### Deductible, Maximum

Deductibles	\$10 Exam \$25 Eye Glass Lenses or Frames*	\$10 Exam \$25 Eye Glass Lenses or Frames	\$10 Exam \$25 Eye Glass Lenses	No deductible
Maximum per benefit period	None	None	None	None

\*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

### Contact Lenses

Fit & Follow Up Exams	Member cost up to \$60	No benefit	Standard: Member cost up to \$40 Premium: 10% off of retail	No benefit
Contacts				
Elective	Up to \$130	Up to \$105	Up to \$150	Up to \$120
Medically Necessary	Covered in full	Up to \$210	Covered in full	Up to \$200



LIFE INSURANCE COMPANY

# AFSCME Local 18, Los Angeles County of Sanitation Workers

## Plan Design Summary

### Monthly Rates

Employee (EE)	\$9.32	\$7.84
EE + Spouse	\$18.20	\$15.60
EE + Children	\$16.28	\$14.20
EE + Spouse & Children	\$25.16	\$21.92

Rates are guaranteed for 24 months following the effective date listed above. This quote also assumes enrollment in our electronic ID Card delivery (eCard) program.

The proposed dental and/or eye care rates include a multi-policy discount which assumes that the dental and/or eye care policies are placed in conjunction with other Reliance Standard coverage lines which are eligible for a multi-policy discount. Reliance Standard reserves the right to adjust the quoted dental and/or eye care coverages if they are not placed in conjunction with other eligible Reliance Standard coverage lines. Please contact your local insurance representative for additional information regarding this proposal.

### Employee Participation Requirements

Eligible Employees: 924

	Minimum 10% between the two plans Voluntary
--	--

# AFSCME Local 18, Los Angeles County of Sanitation Workers

## Plan Design Summary

### Lens Options (member cost)\*

	Plan 1: Sharper Vision		Plan 1: TrueView	
	VSP Choice Network + Affiliates (Other than Costco)	Out of Network	EyeMed Insight Network	Out of Network
<b>Progressive Lenses</b>	Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Bifocal allowance.	See Below	See Below
<b>Standard</b>	NA	NA	\$65 + lens deductible	No benefit
<b>Premium</b>	NA	NA	\$85 + lens deductible	No benefit
<b>Tier 1</b>	NA	NA	\$95 + lens deductible	No benefit
<b>Tier 2</b>	NA	NA	\$110 + lens deductible	No benefit
<b>Tier 3</b>	NA	NA	\$65 plus 80% of charge less \$120 allowance	No benefit
<b>Tier 4</b>	NA	NA	\$40	No benefit
<b>Std. Polycarbonate</b>	Covered in full for dependent children \$33 adults	No benefit	\$15	No benefit
<b>Scratch Resistant Coating</b>	\$17-\$33	No benefit	\$45	No benefit
<b>Anti-Reflective Coating</b>	\$43-\$85	No benefit	\$57	No benefit
<b>Standard</b>	NA	NA	\$68	No benefit
<b>Premium</b>	NA	NA	80% of the charge	No benefit
<b>Tier 1</b>	NA	NA	\$15	No benefit
<b>Tier 2</b>	NA	NA	Average discount of 15% off retail price or 5% off promotional price at US Laser Network participating providers.	No benefit
<b>Tier 3</b>	NA	NA		No benefit
<b>Ultraviolet Coating</b>	\$16	No benefit		No benefit
<b>LASIK or PRK</b>	NA	NA		No benefit

\*Lens Option member costs vary by prescription, option chosen and retail locations.



LIFE INSURANCE COMPANY

# AFSCME Local 18, Los Angeles County of Sanitation Workers

## Plan Design Summary

### Eye Exam, Lenses, Frames, Frequencies

Proposed Effective Date: 1/1/2025

	Plan 2: Sharper Vision		Plan 2: TrueView	
	VSP Choice Network + Affiliates	Out of Network	EyeMed Insight Network	Out of Network
Annual Eye Exam	Covered in full	Up to \$45	Covered in full	Up to \$35
Lenses (per pair)				
Single Vision	Covered in full	Up to \$30	Covered in full	Up to \$25
Bifocal	Covered in full	Up to \$50	Covered in full	Up to \$40
Trifocal	Covered in full	Up to \$65	Covered in full	Up to \$55
Lenticular	Covered in full	Up to \$100	20% discount	No benefit
Progressive	See lens options	NA	See lens options	NA
Frame Allowance	\$130**	Up to \$70	\$150	Up to \$75
Frequencies				
Exam/Lens/Frames	12/12/12	12/12/12	12/12/12	12/12/12
	Based on date of service	Based on date of service	Based on date of service	Based on date of service

\*\*The Costco and Walmart allowance will be the wholesale equivalent.

### Deductible, Maximum

Deductibles	\$10 Exam \$25 Eye Glass Lenses or Frames*	\$10 Exam \$25 Eye Glass Lenses or Frames	\$10 Exam \$25 Eye Glass Lenses	No deductible
Maximum per benefit period	None	None	None	None

\*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

### Contact Lenses

Fit & Follow Up Exams	Member cost up to \$60	No benefit	Standard: Member cost up to \$40 Premium: 10% off of retail	No benefit
Contacts				
Elective	Up to \$130	Up to \$105	Up to \$150	Up to \$120
Medically Necessary	Covered in full	Up to \$210	Covered in full	Up to \$200



LIFE INSURANCE COMPANY

# AFSCME Local 18, Los Angeles County of Sanitation Workers

## Plan Design Summary

### Lens Options (member cost)\*

	Plan 2: Sharper Vision		Plan 2: TrueView	
	VSP Choice Network + Affiliates (Other than Costco)	Out of Network	EyeMed Insight Network	Out of Network
<b>Progressive Lenses</b>	Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Bifocal allowance.	See Below	See Below
<b>Standard</b>	NA	NA	\$65 + lens deductible	No benefit
<b>Premium</b>	NA	NA	\$85 + lens deductible	No benefit
<b>Tier 1</b>	NA	NA	\$95 + lens deductible	No benefit
<b>Tier 2</b>	NA	NA	\$110 + lens deductible	No benefit
<b>Tier 3</b>	NA	NA	\$65 plus 80% of charge less \$120 allowance	No benefit
<b>Tier 4</b>	NA	NA	\$40	No benefit
<b>Std. Polycarbonate</b>	Covered in full for dependent children \$33 adults	No benefit	\$15	No benefit
<b>Scratch Resistant Coating</b>	\$17-\$33	No benefit	\$45	No benefit
<b>Anti-Reflective Coating</b>	\$43-\$85	No benefit	\$57	No benefit
<b>Standard</b>	NA	NA	\$68	No benefit
<b>Premium</b>	NA	NA	80% of the charge	No benefit
<b>Tier 1</b>	NA	NA	\$15	No benefit
<b>Tier 2</b>	NA	NA	Average discount of 15% off retail price or 5% off promotional price at US Laser Network participating providers.	No benefit
<b>Tier 3</b>	NA	NA		No benefit
<b>Ultraviolet Coating</b>	\$16	No benefit		No benefit
<b>LASIK or PRK</b>	NA	NA		No benefit

\*Lens Option member costs vary by prescription, option chosen and retail locations.

# AFSCME Local 18, Los Angeles County of Sanitation Workers

## Plan Design Summary

### Additional Sharper Vision Choice Network Features (In Network)

<b>Contact Lenses Elective</b>	Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3 or 6 month supply). Applies when contacts are chosen in lieu of glasses. For plans without a separate contact fitting & evaluation (which includes follow up contact lens exams), the cost of the fitting and evaluation is deducted from the allowance.
<b>Lens Options (Member Cost)*</b>	<p>\$15 - Solid Plastic Dye (Except Pink I &amp; II)</p> <p>\$17 - Plastic Gradient Dye</p> <p>\$31-\$82 - Photochromatic Lenses (Glass &amp; Plastic)</p> <p>Lens Option member cost vary by prescription and option chosen.</p>
<b>Additional Glasses</b>	20% off additional complete pairs of prescription glasses and/or prescription sunglasses.*
<b>Frame Discount</b>	VSP offers 20% off any amount above the retail allowance.*
<b>Laser VisionCare<sup>SM</sup></b>	VSP offers an average discount of 15% off or 5% off a promotional offer for LASIK Custom LASIK and PRK. The maximum out-of-pocket per eye for members is \$1,800 for LASIK and \$2,300 for custom LASIK using Wavefront technology, and \$1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.
<b>Low Vision</b>	With prior authorization, 75% of approved amount (up to \$1,000 is covered every two years).

Based on applicable laws, reduced costs may vary by doctor location.

### Additional TrueView Features (In Network)

<b>Discounts</b>	15% discount on the remaining balance in excess of the conventional contact lens allowance. 20% discount on the remaining balance in excess of the frame allowance. 20% discount on items not covered by the plan at network providers, which may not be combined with any other discounts or promotional offers. This discount does not apply to EyeMed Provider's professional services, or contact lenses.
<b>Lens Options (Member Cost)</b>	\$15 - Tint (Solid & Gradient).
<b>Secondary Purchase Plan</b>	Members receive a 40% discount on a complete pair of glasses once the funded benefit has been exhausted. Members receive a 15% discount off the retail price on conventional contact lenses once the funded benefit has been exhausted. Discount applies to materials only.
<b>Contact Lens Replacement by Mail Program</b>	After exhausting the contact lens benefit, replacement lenses may be obtained at significant discounts on-line. Visit EyeMedvisioncare.com for details.



LIFE INSURANCE COMPANY

# AFSCME Local 18, Los Angeles County of Sanitation Workers

## Limitations/Exclusions

---

*This plan has the following limitation: (Plan Sharper Vision Plan 1; Sharper Vision Plan 2)*

Some brands of spectacle frames may be unavailable at all locations for purchase as Covered Expenses, or may be subject to additional out-of-pocket expenses. Members may obtain details regarding frame brand availability from their treating provider or by calling VSP's Customer Care Division at (800) 877-7195.

*This plan does not cover: (Plan Sharper Vision Plan 1; Sharper Vision Plan 2)*

- More than one eye exam in the frequency as indicated on the plan summary page.
- More than one pair of lenses in the frequency as indicated on the plan summary page.
- More than one set of frames in the frequency as indicated on the plan summary page.
- Services and/or materials not specifically included in the Schedule as covered Plan Benefits.
- Plano lenses (lenses with refractive correction of less than plus or minus .50 diopter) except as specifically allowed in the frames benefit section of the Plan Benefits.
- Services or materials that are cosmetic, including Plano contact lenses to change eye color and artistically painted Contact Lenses.
- Two pairs of glasses in lieu of Bifocals.
- Replacement of Spectacle Lenses, Frames, and/or contact lenses furnished under this plan that are lost or damaged, except at the normal intervals when services are otherwise available.
- Orthoptics or vision training and any associated supplemental testing.
- Medical or surgical treatment of the eyes.
- Contact lens modification, polishing or cleaning.
- The refitting of Contact Lenses after the initial 90-day filing period.
- Contact Lens insurance policies or service contracts.
- Additional office visits associated with contact lens pathology.
- Local, state and/or federal taxes, except where law requires us to pay.



LIFE INSURANCE COMPANY

# AFSCME Local 18, Los Angeles County of Sanitation Workers

## Limitations/Exclusions

---

*Covered Eye Care Expenses will not include and no benefits will be payable for expenses incurred:*

**Limitations for Plan(s) TrueView Plan 1; TrueView Plan 2**

- vision examinations more than the frequency as indicated on the plan summary page.
- lenses more than the frequency as indicated on the plan summary page.
- frames more than the frequency as indicated on the plan summary page.
- contact lenses more than once in any twelve month period. When chosen, contact lenses shall be in lieu of any other lens benefit during the twelve month period. When eyeglass lenses are chosen, expenses for contact lenses are not Covered Expenses during the twelve month period.
- contacts limited to the amount shown on the plan summary page unless they are medically necessary. Contact lenses are defined as medically necessary if the individual is diagnosed with one of the following conditions:
  - keratoconus where the patient is not correctable to 20/30 in either or both eyes using standard spectacle lenses.
  - High Ametropia exceeding -10D or +10D in meridian powers.
  - anisometropia of 3 D or more.
  - patients whose vision can be corrected two (2) lines of improvement on the visual acuity chart when compared to best corrected standard spectacle lenses.

If the member is diagnosed with a medically necessary condition, the Provider will submit a request for pre-authorization to EyeMed. The Medical Director reviews all requests for medically necessary contact lenses. If approved, the member will be covered for medically necessary contact lenses up to the plan allowance.

Such payment is limited to once in any twelve month period and is in lieu of lens benefits under this proposal.

- orthoptics or eye care training and any associated testing.
- plano non-prescription lenses and non-prescription sunglasses (except for 20% discount).
- two pairs of glasses in lieu of bifocals. (Does not apply to Secondary Discounts).
- lenses and frames which are lost or broken, except at the normal intervals when services are otherwise available.
- medical and/or surgical treatment of the eye, eyes, or supporting structures.
- services for which a claim is filed more than 1 year after completion of the service.
- for any procedure not listed on the Schedule of Eye Care Services.



LIFE INSURANCE COMPANY