

## 2025 Orange County Government Vision Plan

Vision Plan Premium Contribution Chart		
Details regarding specific eligibility, coverage exclusions, definitions, and other information are included in the full summary plan document.		
Vision Services	In-Network	Out-of-Network <sup>1</sup>
Exam Copay	\$5	\$45 allowance <sup>1</sup>
Materials Copay	\$15	N/A
Frames	\$175-\$200 (after copay) *	Up to \$70 (after copay) <sup>1</sup>
Standard Plastic Lenses Per Pair	\$15	Up to \$30
Conventional Contact lenses (materials) when <u>Elective</u>	\$30	Up to \$105
Disposable Contact lenses (materials) when <u>Elective</u>	\$175 allowance	Up to \$105
Contact Lenses (materials) when <u>Medically Necessary</u>	Covered in full <i>With prior authorization</i>	Up to \$210
Contact lens Fitting & Follow-up. ( <u>Standard Fit</u> )	Covered in full after \$30 Co-Payment	Applied to the allowance for contact lenses
Contact lens Fitting & Follow-up. ( <u>Specialty Fit</u> )	Covered in full after \$30 Co-Payment	Applied to the allowance for contact lenses
Laser Vision Correction	Discounts available through Quallsight	N/A
* Depending on the provider, retail allowance will either be \$200 or \$175 with 20% off balance over \$175. Contact MetLife for more information.		
<sup>1</sup> Vision benefits received from Out-Of-Network providers are reimbursed by filing a claim.		