



County Employee Benefits Consortium of Ohio
CEBCO

Vision Service Plan

Vision Benefit Plan Designs and 2020 Rates

	Copayment	Examination	Lenses	Frames
Plan 3	\$10 Total Copay (Exam & Materials)	Once every 12 months	Once every 12 months	Once every 24 months
Plan 4	\$10 Exam Copay \$25 Materials Copay	Once every 12 months	Once every 12 months	Once every 24 months
Plan 6	\$10 Exam Copay \$25 Materials Copay	Once every 12 months	Once every 12 months	Once every 12 months
Plan 8	\$20 Exam Copay \$20 Materials Copay	Once every 12 months	Once every 12 months	Once every 24 months
Plan 9	\$20 Exam Copay \$20 Materials Copay	Once every 12 months	Once every 12 months	Once every 12 months
Plan 11	\$25 Total Copay (Exam & Materials)	Once every 12 months	Once every 24 months	Once every 24 months

Members receive a 20% discount on frames over their frame allowance.

Benefits are also available when you utilize a non-member doctor on the following reimbursement schedule:

Examination	up to \$50.00
Single Vision Lenses	up to \$50.00
Bifocal Lenses	up to \$75.00
Trifocal Lenses	up to \$100.00
Lenticular	up to \$125.00
Frame	up to \$70.00

Contact Lenses, Evaluation & Fitting (in lieu of lenses and frames)

Necessary	up to \$210.00
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Elective	up to \$105.00
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Rates By Tier:

	Two Tier	Three Tier	Four Tier
Plan 3	Single \$9.12 Family \$19.62	Single \$9.12 EE + 1 \$13.22 Family \$23.72	Single \$9.12 EE + 1 \$14.60 EE + child(ren) \$14.90 Family \$24.02
Plan 4	Single \$7.80 Family \$16.81	Single \$7.80 EE + 1 \$11.28 Family \$20.20	Single \$7.80 EE + 1 \$12.43 EE + child(ren) \$12.68 Family \$20.45
Plan 6	Single \$9.70 Family \$20.73	Single \$9.70 EE + 1 \$14.00 Family \$25.09	Single \$9.70 EE + 1 \$15.44 EE + child(ren) \$15.75 Family \$25.09
Plan 8	Single \$6.89 Family \$14.80	Single \$6.89 EE + 1 \$9.98 Family \$17.89	Single \$6.89 EE + 1 \$11.01 EE + child(ren) \$11.26 Family \$18.12
Plan 9	Single \$8.30 Family \$17.82	Single \$8.30 EE + 1 \$12.02 Family \$21.55	Single \$8.30 EE + 1 \$13.26 EE + child(ren) \$13.55 Family \$21.81
Plan 11	Single \$5.99 Family \$12.84	Single \$5.99 EE + 1 \$8.67 Family \$15.53	Single \$5.99 EE + 1 \$9.56 EE + child(ren) \$9.77 Family \$15.72