

2025 Orange County Government Vision Plan Comparison Chart

Vision Services	In-Network	Out-of-Network ¹
Exam Copay	\$5	\$45 allowance ¹
Materials Copay	\$15	N/A
Frames	\$175-\$200 (after copay) *	Up to \$70 (after copay) ¹
Standard Plastic Lenses	\$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