

ATTACHMENT E – STATE VISION PLAN FREQUENTLY ASKED QUESTIONS

Q. Who is eligible for State Vision Plan coverage?

A. Anyone eligible for health insurance is eligible for the State Vision Plan. This includes active employees, retirees, survivors, permanent part-time teachers and COBRA subscribers, as well as their eligible dependents.

Q. May I have premiums deducted from my paycheck?

A. Yes. You may pay for vision care benefits before taxes are deducted from your salary through the MoneyPlus Pretax Group Insurance Premium feature. For more information, read the *Tax-favored Accounts Guide*, which is on the [PEBA website](#).

Q. May vision care premiums be deducted from my PEBA retirement benefits check?

A. Yes.

Q. When can I enroll?

A. You may enroll and add or drop dependents during open enrollment, which occurs every October. You may also enroll within 31 days of a special eligibility situation, such as marriage or the birth or adoption of a child.

Q. What vision care benefits are offered?

A. The program covers:

- Comprehensive eye examinations.
- Frames.
- Lenses and lens options.
- Contact lens services and materials.
- Discounts on additional pairs of eyeglasses and contact lenses.
- A discount of 15 percent off the retail price and 5 percent off the promotional price is offered on LASIK and PRK vision correction through the U.S. Laser Network.

Q. What is the difference between a standard contact lens fitting and follow-up and a premium contact lens fitting and follow-up?

A. A standard contact lens fitting includes clear, soft, spherical, daily wear contact lenses for single-vision prescriptions. It does not include extended/overnight wear lenses. A premium contact lens fitting includes more complex applications, including, but not limited to, bifocal/multifocal, cosmetic color, post-surgical and gas permeable lenses. It also includes extended/overnight wear lenses. Check with your provider for more information.

Q. Is there an annual deductible or an amount I must meet before I begin to receive benefits?

A. No.

Q. How often may I use my benefits?

A. Your benefits will cover:

- A comprehensive eye exam once a year.
- Standard plastic lenses or contact lenses once a year.
- Frames once every year.

Q. What is a retinal imaging exam?

A. Retinal imaging is a high-resolution picture of the structures of the retina. Providers may offer it for no more than \$39. The exam is offered at a discount for those enrolled in the State Vision Plan. It is not a covered benefit.

Q. How will I show a provider that I have vision care benefits?

A. EyeMed provides two identification cards in the subscriber's name, but you aren't required to have it at the time of service. If you lose your card or need extras for your family, you can print a replacement by creating an account at eyemed.com or downloading the EyeMed Members App (App Store or Google Play) to pull up a digital version anytime, anywhere.

Q. If I enroll in the State Vision Plan, do I have to use a particular optometrist or optician?

A. You can use any provider you choose. However, your benefits will be higher if you use a provider who is part of the EyeMed network.

Q. How can I find out if my provider is part of the EyeMed network?

A. To find a network provider, visit www.eyemed.com and select Find a Provider from the green bar, enter zip code, then select Insight Network from the drop down box. You may also call the EyeMed Customer Care Center at 877.735.9314.

Q. How do I use my insurance at a provider in the network?

A. First, find a provider that is in the EyeMed network and schedule an appointment. When you make the appointment, tell the office staff you are covered by EyeMed. Bring your identification card to your appointment. If you don't have your ID card, the provider can locate you by name and date of birth. Your network provider will charge you for copayments and then deduct allowances and discounts from your bill.

Q. How do I use my State Vision Plan benefits with a provider that is not part of the network?

A. Your benefits are lower when you use a provider outside the network. You will pay upfront for services and be reimbursed according to the [benefits chart](#).

Q. How do I file a claim if I use a network provider?

A. If you use a network provider, he will file the claim. You are only responsible for your copayments, any amount above your allowances and any non-covered services or materials.

Q. How do I file a claim if my provider is outside the network?

A. To file an out-of-network claim:

- Complete the out-of-network online claim form through www.eyemed.com or print it from the [PEBA website](#).
- When you receive services, pay for them and ask your provider for an itemized receipt.
- You can either submit the out-of-network claim form online with an itemized receipt or mail the claim form and a copy of your receipt to: EyeMed Vision Care, Attn: OON Claims, P.O. Box 8504, Mason, Ohio 45040-7111. (This address will be on the form.) Your reimbursement will be sent to you.

If you have questions about out-of-network services, call the EyeMed Customer Care Center at 877.735.9314.

Q. How do I check on the status of a claim?

A. If you used a network provider, you should not need to check on the status of a claim. Your provider will work with EyeMed directly. If you file an out-of-network claim, contact the EyeMed Customer Care Center at 877.735.9314. For faster service, have your ID card ready. You can also check the status of our claim at www.eyemed.com.

Q. What services are not covered?

A. Some services and products are not covered by the State Vision Plan. They include:

1. Orthoptic (problems with the use of eye muscles) or vision training, subnormal vision aids and any associated supplemental testing.
2. Aniseikonic lenses (lenses to correct a condition in which the image of an object in one eye differs from the image of it in the other eye).
3. Medical and/or surgical treatment of the eye, eyes or supporting structures.
4. Any eye or vision examination, or any corrective eyewear required by a subscriber's employer as a condition of employment; safety eyewear.
5. Services that would be provided under any Workers' Compensation law, or similar legislation, whether federal, state or local.
6. Plano (non-prescription) lenses and/or contact lenses.
7. Non-prescription sunglasses.
8. Two pairs of glasses instead of bifocals.
9. Services provided by any other group benefit plan offering vision care.
10. Services provided after the date the insured person is no longer covered under the policy, except when vision materials ordered before coverage ended are delivered and the services are provided to the insured person within 31 days from the date the materials were ordered.
11. Lost or broken lenses, frames, glasses or contact lenses will not be replaced until they are next scheduled to be replaced under frequency of benefits.
12. Benefit may not be combined with any discount, promotional offering or other group plans.

Q. I am enrolled in a vision care plan through my employer. How will it be affected?

A. Employers may continue to offer vision care insurance that is not provided through PEBA. However, only premiums for PEBA's State Vision Plan may be paid through the MoneyPlus Pretax Group Insurance Premium feature.

Q. My family has vision insurance through my spouse's employer. Is there any reason for me to sign up for the State Vision Plan?

A. There is no coordination of benefits. This is a stand-alone benefit that provides routine eye care and contact lenses or glasses.

Q. Does the State Vision Plan cover treatment for eye diseases and injuries?

A. No. Medical treatment of your eyes is covered under your health plan.

Q. May I use my Medical Spending Account (MSA) for vision care expenses not covered by the State Vision Plan?

A. Yes. An MSA or a Limited-use MSA may be used for the eye exam copayment, out-of-pocket costs for glasses and contact lenses and some over-the-counter supplies, such as contact lens solution. It may also be used for LASIK surgery. You may not receive reimbursement from your MSA for expenses that are covered by vision care benefits. Check the MoneyPlus chapter in the *Insurance Benefits Guide* or the *Tax-favored Accounts Guide* for more information. You may want to double check and possibly revise your MSA contributions if you enroll in the State Vision Plan because your out-of-pocket expenses for vision care may be lower.

Q. May I continue my State Vision Plan coverage if I leave my job?

A. If you retire, you may continue your coverage. You may also continue it through COBRA, if you are eligible. However, you cannot continue it as a private individual.