

# Vision care

---

The South Carolina Public Employee Benefit Authority (PEBA) offers vision care benefits through the State Vision Plan, a fully-insured product provided through EyeMed Vision Care®.

## Online vision benefits information

Register and log in to EyeMed's website, [www.eyemed.com](http://www.eyemed.com), for:

- The Find a Provider feature;
- The View Your Benefits feature, including which family members are covered and when everyone will be eligible for particular services next. Note: Due to privacy guidelines, EyeMed only shows family members who are under age 18. Anyone ages 18 or older will need to register for his own account;
- Access to claims status updates;
- A printable ID card and out-of-network claim form;
- The option of going paperless for your Explanations of Benefits;
- Ordering contact lenses through ContactsDirect; and
- The Vision Wellness section, where you can learn more about eye exams, eye diseases and selecting eyewear.

## State Vision Plan

The State Vision Plan is available to eligible employees; retirees; survivors; permanent, part-time teachers; COBRA subscribers; and their covered family members. Subscribers pay the premium without an employer contribution. Premiums are listed on Page 183.

The program covers comprehensive eye examinations, frames, lenses and lens options and contact lens services and materials. It also

offers discounts on additional pairs of eyeglasses and conventional contact lenses. A discount of 15 percent on the retail price and 5 percent on a promotional price is offered on LASIK and PRK vision correction through the U.S. Laser Network. Medical treatment of your eyes, such as eye diseases or surgery, is covered by your health plan. Discounts on services may not be available at all participating providers. Before your appointment, please check with your provider to determine whether discounts are offered.

A benefit may not be combined with any discount, promotional offering or other group benefit plan. The sales tax on any benefit, such as eyeglasses or contact lenses, is not covered by the State Vision Plan.

## Eye exams

A comprehensive eye exam not only detects the need for vision correction, but it can also reveal early signs of many medical conditions, including diabetes, high blood pressure and heart disease. A comprehensive exam is covered as part of your EyeMed benefit once a year with a \$10 copay.

To assure you are only charged the \$10 vision exam copay, tell your provider you want only the services the State Vision Plan defines as a comprehensive eye exam.

Some providers may offer an optional retinal imaging exam for up to \$39. It provides high-resolution pictures of the inside of the eye. This is a discount, not a covered benefit.

## Frequency of benefits

The State Vision Plan covers:

- A comprehensive eye exam once a year;

- Standard plastic lenses for eyeglasses, or contact lenses instead of eyeglass lenses, once a year;
- Frames once every year; and
- Members with Type 1 or Type 2 diabetes are eligible for office service visits and diagnostic testing once every six months to monitor for signs of diabetic changes in the eye.

## Vision benefits at a glance<sup>47, 48</sup>

	In-network member cost	Out-of-network reimbursement
	You pay...	You receive...
<b>Comprehensive exam with dilation, as necessary (limited to once per year)</b>	A <b>\$10</b> copay.	Up to <b>\$35</b> .
<b>Retinal imaging (covered for members with Type 1 or Type 2 diabetes only)</b>	A <b>\$0</b> copay.	Up to <b>\$50</b> .
<b>Retinal imaging discount (optional; not a covered benefit)</b>	Up to <b>\$39</b> .	Not applicable.

## Eyeglasses

	In-network member cost	Out-of-network reimbursement
	You pay...	You receive...
<b>Frames (available every year; this applies to any frames available at the provider's location)</b>	A <b>\$0</b> copay and <b>80%</b> of balance over <b>\$150</b> allowance. This benefit cannot be used with any promotion.	Up to <b>\$75</b> .
<b>Standard plastic lenses<sup>49</sup> (limited to once per year)</b>		
<b>Single vision</b>	A <b>\$10</b> copay.	Up to <b>\$25</b> .
<b>Bifocal</b>	A <b>\$10</b> copay.	Up to <b>\$40</b> .
<b>Trifocal</b>	A <b>\$10</b> copay.	Up to <b>\$55</b> .
<b>Lenticular</b>	A <b>\$10</b> copay.	Up to <b>\$55</b> .
<b>Standard, premium progressive lenses</b>	See chart on next page.	See chart on next page.

<sup>47</sup> State Vision Plan exclusions and limitations may apply. Please refer to Page 109 for details.

<sup>48</sup> The benefits below are only available under the State Vision Plan. Eyeglasses, contact lenses and examinations for the fitting thereof are excluded under the State Health Plan. Please refer to Page 109 for details.

<sup>49</sup> Glass eyeglass lenses are not covered under the Plan. As a non-covered item, glass lenses are offered at a 20 percent discount.

Lens add-ons		
UV treatment, tint (solid, gradient); standard scratch coating; and standard polycarbonate lens (under age 19 only)	A \$0 copay for each option.	Up to \$5 for each option.
Standard polycarbonate lens (adults)	A \$30 copay.	Up to \$5.
Standard anti-reflective coating	\$45.	Not applicable.
Premium anti-reflective coating	See chart below.	Not applicable.
Polarized	20% off retail price.	Not applicable.
Transition plastic lenses	A \$60 copay.	Up to \$5.
Other add-ons	20% off retail price.	Not applicable.
Additional savings		
Additional pairs of eyeglasses	40% off complete pairs of prescription eyeglasses after using the funded benefit.	Not applicable.

## Progressive lens and anti-reflective coating<sup>50</sup>

	In-network member cost	Out-of-network reimbursement
	You pay...	You receive...
Progressive lenses		
Standard progressive lenses	\$35.	Up to \$55.
Premium progressives (scheduled)	A \$55-\$80 copay.	Up to \$55.
Other premium progressives (non-scheduled)	A \$35 copay and 80% of charge minus \$130 allowance.	Up to \$55.
Anti-reflective coating		
Standard anti-reflective coating	\$45.	Not applicable.
Premium anti-reflective coatings (scheduled)	\$57-\$68.	Not applicable.
Other premium anti-reflective coatings (non-scheduled)	80% of charge.	Not applicable.
Add-ons		
Other add-ons and services	20% off retail price.	Not applicable.

<sup>50</sup> Products listed as premium progressives and premium anti-reflectives are subject to annual review by EyeMed's medical director and may change based on market conditions. The copay listed applies to particular brand names of lenses. Providers are not required to carry all brands at all levels. Providers can give members names and prices of specific products upon request. A complete list of brands is available at [www.eyemedvisioncare.com/theme/pdf/microsite-template/eyemedlenslist.pdf](http://www.eyemedvisioncare.com/theme/pdf/microsite-template/eyemedlenslist.pdf).

## Contact lenses<sup>51</sup>

Available in place of eyeglass lens benefit; limited to once per year.

	In-network member cost	Out-of-network reimbursement
	You pay...	You receive...
<b>Contact lens fit and follow-up (available after a comprehensive eye exam has been completed)</b>	Standard <sup>52</sup> : A <b>\$0</b> copay and the service is paid full, including two follow-up visits.  Premium <sup>53</sup> : <b>10%</b> off retail price and receive <b>\$40</b> allowance after discount.	Up to <b>\$40</b> .
<b>Conventional</b>	A <b>\$0</b> copay and <b>85%</b> of balance over <b>\$130</b> allowance.	Up to <b>\$104</b> .
<b>Disposable</b>	A <b>\$0</b> copay and balance over <b>\$130</b> allowance.	Up to <b>\$104</b> .
<b>Medically necessary contact lenses</b>	A <b>\$0</b> copay.	Up to <b>\$200</b> .
<b>Additional savings</b>		
<b>Additional contact lenses</b>	<b>15%</b> off conventional contact lenses after using the funded benefit.	Not applicable.

### Medically-necessary contact lenses

The benefit provides coverage for medically necessary contact lenses when one of the following conditions exists:

- Anisometropia of 3D in meridian powers;
- High ametropia exceeding -10D or +10D in meridian powers;
- Keratoconus where the member's vision is not correctable to 20/30 in either or both eyes using standard spectacle lenses; or

- Vision improvement for members whose vision can be corrected two lines of improvement on the visual acuity chart when compared to best corrected standard spectacle lenses.

The benefit may not be expanded for other eye conditions even if you or your providers deem contact lenses necessary for other eye conditions or visual improvement.

<sup>51</sup> The contact lens allowance includes materials only. The allowance for disposable contact lenses is \$130, and you do not have to use this allowance all at once. For example, you can use \$50 of the allowance when you purchase your first supply of disposable contacts and the remainder of the allowance later.

<sup>52</sup> 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.

<sup>53</sup> A premium contact lens fitting is more complex and may include fitting for bifocal/multifocal, cosmetic color, post-surgical and gas-permeable lenses. It also includes extended/overnight wear lenses.

# Diabetic vision benefits at a glance

Type 1 and Type 2 diabetics' frequency: up to two services per benefit year.

	In-network member cost	Out-of-network reimbursement
	You pay...	You receive...
Office service visit (medical follow-up exam)	A \$0 copay; covered 100%.	Up to \$77 per service.
Retinal imaging	A \$0 copay; covered 100%.	Up to \$50 per service.
Extended ophthalmoscopy	A \$0 copay; covered 100%.	Up to \$15 per service.
Gonioscopy	A \$0 copay; covered 100%.	Up to \$15 per service.
Scanning laser	A \$0 copay; covered 100%.	Up to \$33 per service.

## Using the EyeMed provider network

The EyeMed network includes private practitioners and optical retailers in South Carolina and nationwide. Retailers include LensCrafters®, Sears Optical<sup>SM</sup>, Target Optical®, JCPenney® Optical and participating Pearle Vision® locations. When you use a network provider, you are only responsible for copays and any charges that remain after allowances and discounts have been applied to your bill. Also, the network provider will file your claim.

### To find a network provider

- Check network providers in or near your ZIP code on the list that comes with your membership card.
- For the most current directory, go to [www.eyemed.com/locator](http://www.eyemed.com/locator). Then enter your ZIP code or address and select Insight network from the drop-down list.
- Use the Interactive Voice Response system or speak with a representative at the Customer Care Center at 877.735.9314. To speak with a customer service representative,

choose your language (1 is for English) and then say, Provider Locator.

- You may also ask your provider if he accepts EyeMed coverage.

When you make an appointment, let the provider know you are covered by EyeMed. You are not required to bring your State Vision Plan identification card to your appointment, but it may be helpful to do so.

### How to order contact lenses online

You can typically save money by using your State Vision Plan network benefit to order contact lenses through [ContactsDirect.com](http://ContactsDirect.com). Click on Insurance in the bar at the top of the home page, register, and follow the instructions. You will need a prescription from your doctor and information about your vision insurance. Your contacts will be mailed to your home at no charge.

### Out-of-network benefits

Your benefits are lower when you use a provider outside the network. To learn what you will be reimbursed if you use an out-of-network provider for covered services and supplies, see the charts on Pages 105-108.

## To receive out-of-network services:

- You can file an out-of-network claim electronically. The electronic claim form is located on the EyeMed Vision Care member website, [www.eyemed.com](http://www.eyemed.com). You may also print one at [www.peba.sc.gov/iforms.html](http://www.peba.sc.gov/iforms.html) under Vision care.
- When you receive services, pay for them and ask your provider for an itemized receipt.
- Send the claim form and a copy of your receipt to:  
First American Administrators<sup>54</sup>/  
EyeMed Vision Care,  
Attn: OON Claims  
P.O. Box 8504  
Mason, Ohio 45040-7111.  
Your reimbursement will be sent to you.

For information about out-of-network services, call the EyeMed Customer Care Center at 877.735.9314. You may need to have your State Vision Plan identification card handy.

## Exclusions and limitations

Some services and products are not covered by your vision care benefits. They include:

- Orthoptic (problems with the use of eye muscles) or vision training, subnormal vision aids and any associated supplemental testing;
- 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);
- Medical or surgical treatment of the eye, eyes or supporting structures;

---

<sup>54</sup> First American Administrators (FAA) is a wholly-owned subsidiary of EyeMed Vision Care.

- Any eye or vision examination or corrective eyewear required by an employer as a condition of employment;
- Safety eyewear;
- Services that would be provided by the government under any workers' compensation law or similar legislation, whether federal, state or local;
- Plano (non-prescription) lenses or contact lenses;
- Non-prescription sunglasses;
- Two pairs of glasses instead of bifocals;
- Services provided by any other group benefit plan offering vision care;
- Services provided after the date the enrollee is no longer covered under the policy, except when vision materials ordered before coverage ended are delivered, and the services are provided to the enrollee within 31 days from the date the materials were ordered;
- 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;
- A benefit may not be combined with any discount, promotional offering or other group benefit plans.

## Contact EyeMed

You can reach EyeMed's Customer Care Center at 877.735.9314 or by logging in on EyeMed's home page and then selecting Contact us under Help and Resources. Be sure to have the following information ready:

- The first and last name of the subscriber;

- The subscriber's Benefits Identification Number or Social Security number;
- The group number for the State Vision Plan: 9925991;
- A fax number or address, if asking for information by fax or mail.

EyeMed has an app that provides the same access as EyeMed's member website. Visit your app store and search for the free EyeMed Members app. It is available for iPhone, iPad, iPod Touch and Android devices.

## Appeals

If a claims question cannot be resolved by EyeMed's Customer Care Center, you may write to the Quality Assurance Team at:

EyeMed Vision Care  
 Attn: Quality Assurance Department  
 4000 Luxottica Place  
 Mason, OH 45040.

Information may also be faxed to 513.492.3259. This team will work with you to resolve your issue within 30 days. If you are dissatisfied with the team's decision, you may appeal to an EyeMed appeals subcommittee, whose members were not involved in the original decision. All appeals are resolved by EyeMed within 30 days of the date the subcommittee receives it.

Since the Vision Care Plan is fully insured, you may not appeal EyeMed determinations to PEBA.

Listed on the following page are some examples of what you might pay for services under the State Vision Plan.

## Vision Care Discount Program

For those who choose to not enroll in the State Vision Plan, the Vision Care Discount Program provides another option. It is available with no premiums to pay, and no need to be enrolled in any health plan, including the State Health Plan.

Any individual who is eligible for benefits from PEBA may use the discounts. Those who may take advantage of the program include full-time and part-time employees as well as retirees, survivors, COBRA subscribers and the family members of any of the above. You may need to show employment-related identification to prove you are eligible.

As part of the discount program, providers have agreed to charge no more than \$609 for a routine, comprehensive eye exam. If you are fitted for contact lenses, you may pay more because it can require additional services. Providers, including opticians, also have agreed to give a 20 percent<sup>55</sup> discount on all eyewear except for disposable contact lenses.

Not all providers who participate in the State Vision Program also participate in the Vision Care Discount Program. Even so, participating providers are found in South Carolina, Georgia and North Carolina. Consider asking your provider if he provides discounts through the state's Vision Care Discount Program before your appointment.

---

<sup>55</sup> These amounts can change yearly. Contact your benefits office, provider or PEBA for the current amounts.



A member may not use the discount program and his State Vision Plan benefits, if any, at the same time. However, if the member is enrolled in the vision plan, has used the vision plan for an eye exam, and would like a second eye exam during the same year when it cannot yet be covered by the vision plan, the member can have one for \$60 through the discount program.

## No claims to file

With the Vision Care Discount Program, you do not file claims and will not receive reimbursement for vision examinations or eyewear, including contacts. Active employees who have a MoneyPlus Medical Spending Account or a Limited-use Medical Spending Account can file for reimbursement for vision care expenses.

# State Vision Plan examples

## Example one

	Average retail price <sup>56</sup>	State Vision Plan benefit	In-network member cost
Eye examination	\$109	\$10 copay	You pay a <b>\$10</b> copay.
Frames	\$200	A <b>\$0</b> copay and <b>20%</b> off balance over <b>\$150</b> allowance.	You pay <b>\$40</b> .
<b>Lenses</b>			
Single vision	\$72	\$10 copay	You pay a <b>\$10</b> copay.
Polycarbonate (adults)	\$62	\$30 copay	You pay a <b>\$30</b> copay.
Premium anti-reflective (Crizal Alize)	\$97	\$68 copay	You pay a <b>\$68</b> copay.
<b>Total</b>	<b>\$540</b>	<b>Not applicable.</b>	<b>You pay \$158.</b>

## Example two

	Average retail price <sup>56</sup>	State Vision Plan benefit	In-network member cost
Eye examination	\$109	\$10 copay	You pay a <b>\$10</b> copay.
Frames	\$150	A <b>\$0</b> copay and <b>20%</b> off balance over <b>\$150</b> allowance.	You pay <b>\$0</b> .
<b>Lenses</b>			
Premium progressive (Tier 2)	\$230	\$65 copay	You pay a <b>\$65</b> copay.
Premium anti-reflective (Crizal Alize)	\$97	\$68 copay	You pay a <b>\$68</b> copay.
<b>Total</b>	<b>\$586</b>	<b>Not applicable.</b>	<b>You pay \$143.</b>

## Example three

	Average retail price <sup>56</sup>	State Vision Plan benefit	In-network member cost
Eye examination	\$109	\$10 copay	You pay a <b>\$10</b> copay.
Contact lens fit and follow up (standard)	\$71	A <b>\$0</b> copay	You pay <b>\$0</b> .
Disposable contact lenses	\$130	\$130 allowance	You pay a <b>\$0</b> .
<b>Total</b>	<b>\$310</b>	<b>Not applicable.</b>	<b>You pay \$10.</b>

<sup>56</sup> Based on industry averages. Prices and costs will vary by market and provider type. Premiums are not included.