

Vision care



PEBA offers vision care benefits through the State Vision Plan, a fully-insured product provided through EyeMed Vision Care®.

Online vision benefits information

Log in to EyeMed's site, www.eyemedvisioncare.com/pebaoe, 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;
Due to privacy guidelines, EyeMed shows only family members who are under age 18. Anyone ages 18 or older will need to register for their 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; former spouses; and their covered family members. Subscribers pay the premium without an employer contribution.

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% on the retail price and 5% 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. There are additional discounts available under Special Offers for registered members at www.eyemedvisioncare.com/pebaoe. Special offer discounts can be combined with member vision benefits.

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 charged only 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 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^{1,2}

| | In network, you pay: | Out of network, you receive: |
|---|----------------------|------------------------------|
| Comprehensive exam with dilation as necessary Limited to once per year | A \$10 copay. | Up to \$35. |
| Retinal imaging Covered for members with Type 1 or Type 2 diabetes only | Up to \$39 . | No reimbursement. |
| Retinal imaging discount Optional; not a covered benefit | Up to \$39 . | Not applicable. |

Eyeglasses

| | In network, you pay: | Out of network, you receive: |
|--|--|------------------------------|
| Frames Available every year; applies to any frames available at the provider's location | A \$0 copay and 80% of balance over \$150 allowance. This benefit cannot be used with any promotion. | Up to \$75. |
| Standard plastic lenses³ (limited to once per year) | | |
| Single vision | A \$10 copay. | Up to \$25. |
| Bifocal | A \$10 copay. | Up to \$40. |
| Trifocal | A \$10 copay. | Up to \$55. |
| Lenticular | A \$10 copay. | Up to \$55. |
| Lens add-ons | | |
| UV treatment, tint Solid, gradient; standard scratch coating; and standard polycarbonate lens (under age 19) | 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 glasses | 40% off complete pairs of prescription eyeglasses after using the funded benefit. | Not applicable. |

1 State Vision Plan exclusions and limitations may apply. Please refer to Page 89 for details.

2 The benefits below are available only 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 89 for details.

3 Glass eyeglass lenses are not covered under the Plan. As a non-covered item, glass lenses are offered at a 20% discount.

Progressive lens and anti-reflective coating⁴

| | In network, you pay: | Out of network, you receive: |
|---|---|------------------------------|
| Progressive lenses | | |
| Standard progressive lenses | A \$35 copay. | Up to \$55. |
| Premium progressives (scheduled) | \$55–\$80. | Up to \$55. |
| Other premium progressives (non-scheduled) | A \$35 copay and 80% of cost less \$120 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. |
| Other add-ons and services | 20% off retail price. | Not applicable. |

Contact lenses⁵

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

| | In network, you pay: | Out of network, you receive: |
|--|---|------------------------------|
| Standard contact lenses fit & follow-up⁶ Available after comprehensive eye exam | A \$0 copay and service paid in full, including two follow-up visits. | Up to \$40. |
| Premium contact lenses fit & follow-up⁷ Available after comprehensive eye exam | A \$0 copay and receive 10% off retail price less \$40 allowance. | Up to \$40. |
| Conventional | A \$0 copay and 85% of balance over \$130 allowance. | Up to \$104. |
| Disposable | A \$0 copay and balance over \$130 allowance. | Up to \$104. |
| Medically necessary contact lenses | A \$0 copay. | Up to \$200. |
| Additional contact lenses | 15% off conventional contact lenses after using the funded benefit. | Not applicable. |

4 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.

5 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.

6 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.

7 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.

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.

Diabetic vision benefits at a glance

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

| | In network, you pay: | Out of network, 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 Plan uses EyeMed's Select Network that includes private practitioners and optical retailers in South Carolina and nationwide. Retailers include LensCrafters®, Target 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.
- Go to www.eyemedvisioncare.com/pebaoc for the most current directory. Then, enter your ZIP code or address.
- 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. Click on Insurance in the bar at the top of the homepage, 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 85-87.

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. You may also print one at peba.sc.gov/forms.
- 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/EyeMed Vision Care
Attn: OON Claims
P.O. Box 8504
Mason, OH 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;
- 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 homepage 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); and
- 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:

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 them.

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

State Vision Plan examples

Example 1

| | Average retail price ⁸ | State Vision Plan benefit | Your in-network cost |
|---|-----------------------------------|--|----------------------|
| Eye examination | \$130.00 | \$10 copay | \$10.00 |
| Frames | \$200.00 | \$0 copay and 20% off balance over \$150 allowance | \$40.00 |
| Lenses | | | |
| Single vision | \$90.00 | \$10 copay | \$10.00 |
| Polycarbonate (adult) | \$64.00 | \$30 copay | \$30.00 |
| Premium anti-reflective (Crizal Alize) | \$123.00 | \$68 copay | \$68.00 |
| You pay | \$607.00 | | \$158.00 |

Example 2

| | Average retail price ⁸ | State Vision Plan benefit | Your in-network cost |
|---|-----------------------------------|--|----------------------|
| Eye examination | \$130.00 | \$10 copay | \$10.00 |
| Frames | \$150.00 | \$0 copay and 20% off balance over \$150 allowance | \$0.00 |
| Lenses | | | |
| Premium progressive (Tier 2) | \$323.00 | \$65 copay | \$65.00 |
| Premium anti-reflective (Crizal Alize) | \$123.00 | \$68 copay | \$68.00 |
| You pay | \$726.00 | | \$143.00 |

Example 3

| | Average retail price ⁸ | State Vision Plan benefit | Your in-network cost |
|--|-----------------------------------|---------------------------|----------------------|
| Eye examination | \$130.00 | \$10 copay | \$10.00 |
| Standard contact lens fit and follow-up | \$71.00 | \$0 copay | \$0.00 |
| Disposable contact lenses | \$130 | \$130 allowance | \$0.00 |
| You pay | \$328.00 | | \$10.00 |

⁸ Based on industry averages. Prices and costs will vary by market and provider type. Premiums are not included.