

Vision Care

Vision Care Table of Contents

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Introduction

Good vision is crucial for work and play. It is also a significant part of your overall health. A yearly eye exam can help detect serious illnesses, such as high blood pressure, heart disease and diabetes. That is why the Public Employee Benefit Authority (PEBA) offers vision care benefits through the State Vision Plan, which is provided through EyeMed Vision Care®.

State Vision Plan

The State Vision Plan is available to eligible active employees, retirees, survivors, permanent, part-time teachers and COBRA subscribers 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 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.**

The applicable sales tax on any benefit, such as eyeglasses or contact lenses, is not covered by the State Vision Plan.

Please note: A benefit may not be combined with any discount, promotional offering or other group benefit plan.

Vision Benefits at a Glance

Service	In-Network – Member Cost	Out-of-Network Reimbursement
Comprehensive Exam With dilation, as necessary (limited to once a year)	Member pays \$10 copay	Member is reimbursed up to \$35
Retinal Imaging Discount (Optional) (not a covered benefit)	Member pays no more than \$39	N/A
Eyeglasses		
Frames (limited to once every two years; this applies to any frames available at the provider's location)	\$0 copay, member receives \$140 allowance and pays 80% of balance over \$140 (This benefit cannot be used with any promotion.)	Member is reimbursed up to \$70
Standard Plastic Lenses* (limited to once a year)		
Single Vision	Member pays \$10 copay	Member is reimbursed up to \$25
Bifocal	Member pays \$10 copay	Member is reimbursed up to \$40
Trifocal	Member pays \$10 copay	Member is reimbursed up to \$55
Lenticular	Member pays \$10 copay	Member is reimbursed up to \$55
Standard, premium progressive lenses	See chart below	See chart below
Lens Add-ons		
UV treatment, Tint (solid, gradient), Standard scratch coating and Standard polycarbonate lens (under age 19 only)	Member pays \$0 (for each option)	Member is reimbursed up to \$5 (for each option)
Standard polycarbonate lens (adults)	Member pays \$30 copay	Member is reimbursed up to \$5

Service	In-Network – Member Cost	Out-of-Network Reimbursement
Standard anti-reflective coating	\$45	N/A
Premium anti-reflective coating	See chart below	N/A
Polarized	20% off retail price	N/A
Transition plastic lenses	Member pays \$60 copay	Member is reimbursed up to \$5
Other add-ons	20% off retail price	N/A
*Glass eyeglass lenses are not covered under the plan. As a non-covered item, they are offered at a 20% discount.		
Contact Lenses (available in place of eyeglass lens benefit; limited to once per year)*		
Contact Lens Fit and Follow-Up (available after a comprehensive eye exam has been completed)	Standard: \$0 copay, paid in full fit and two follow-up visits Premium: member receives 10% off retail price then \$55 allowance is applied	Standard: Member is reimbursed up to \$40 Premium: Member is reimbursed up to \$40
Conventional	\$0 copay, member receives \$130 allowance and pays 85% of balance over \$130	Member is reimbursed up to \$104
Disposable	\$0 copay, member receives \$130 allowance and pays balance over \$130	Member is reimbursed up to \$104
Medically Necessary Contact Lenses	Member pays \$0 copay, paid in full	Member is reimbursed up to \$200
Additional Savings		
Savings on Additional Pairs of Eyeglasses and Contact Lenses	Member receives 40% off complete pairs of prescription eyeglasses and 15% off conventional contact lenses after the funded benefit has been used.	N/A
<p>* The contact lens allowance includes materials only. Your allowance for disposable contact lenses is \$130. You do not need 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.</p> <ul style="list-style-type: none"> • A <i>standard</i> contact lens fitting includes clear, soft, spherical, daily wear contact lenses for single-vision prescriptions. It does not include extended/overnight wear lenses. • A <i>premium</i> 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. <p>Plan exclusions and limitations may apply. Please refer to page 117 for details.</p>		

Progressive Lens and Anti-Reflective Coating Schedules

Service	In-Network – Member Cost	Out-of-Network Reimbursement
Progressive Lens Price List*		
Standard Progressive Lenses	Member pays \$45	Member is reimbursed up to \$55
Premium Progressives (Scheduled)	Member pays \$65 - \$90 copay	Member is reimbursed up to \$55
Other Premium Progressives (Non-scheduled)	\$45 copay, member receives \$120 allowance and pays 80% of balance over \$120	Member is reimbursed up to \$55
Anti-reflective Coating Price List*		
Standard Anti-reflective Coating	Member pays \$45	N/A
Premium Anti-reflective Coatings (Scheduled)	Member pays \$57- \$68	N/A
Other Premium Anti-reflective Coatings (Non-scheduled)	Member pays 80% of charge	N/A
Other Add-ons Price List		
Other Add-ons and Services	Member receives 20% off retail price	N/A
<p>*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. For a complete list of brands, go to http://www.eyemedvisioncare.com/theme/pdf/microsite-template/eyemedlenslist.pdf</p>		

The Importance of Eye Exams

Eye exams are important for good health. 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 and high blood pressure. A comprehensive exam is covered as part of your EyeMed benefit once a year with a \$10 copay.

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.**

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

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 two years.

Examples of What you Might Pay for Services Under the State Vision Plan

Example 1

Service	Average Retail Prices*	State Vision Plan benefits	In-Network Cost (Member out-of-pocket)
Eye examination	\$88	\$10 copay	\$10
Frames	\$200	\$140 allowance, plus 20% off balance	\$48
Lenses			
Single vision	\$72	\$10 copay	\$10
Polycarbonate (adults)	\$62	\$30 copay	\$30
Premium anti-reflective (Crizal Alize)	\$97	\$68 copay	\$68
Totals	\$519		\$166
*Based on industry averages. Prices and costs will vary by market and provider type. Premiums are not included.			

Example 2

Service	Average Retail Prices*	State Vision Plan benefits	In-Network Cost (Member out-of-pocket)
Eye examination	\$88	\$10 copay	\$10
Frames	\$140	\$140 allowance, plus 20% off balance	\$0
Lenses			
Premium progressive (Tier 2)	\$230	\$77 copay	\$77
Premium anti-reflective (Crizal Alize)	\$97	\$68 copay	\$68
Totals	\$555		\$155
*Based on industry averages. Prices and costs will vary by market and provider type. Premiums are not included.			

Example 3

Service	Average Retail Prices*	State Vision Plan benefits	In-Network Cost (Member out-of-pocket)
Eye examination	\$88	\$10 copay	\$10

Service	Average Retail Prices*	State Vision Plan benefits	In-Network Cost (Member out-of-pocket)
Contact lens fit and follow-up (standard)	\$71	\$0 copay	\$0
Disposable contact lenses	\$130	\$130 allowance	\$0
Totals	\$289		\$10
*Based on industry averages. Prices and costs will vary by market and provider type. Premiums are not included.			

Please note: The applicable sales tax on any benefit, such as eyeglasses or contact lenses, is not covered by the State Vision Plan.

Using the EyeMed Provider Network

The EyeMed network includes private practitioners and optical retailers in South Carolina and nationwide. Retailers include LensCrafters®, Sears OpticalSM, Target Optical®, JCPenney® Optical and participating Pearle Vision® locations. When you use a network provider, you are only responsible for copayments 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.
- To review the online directory, which is the most up-to-date, go to the PEBA Insurance Benefits website, www.eip.sc.gov. Select “Online Directories,” and then click on “State Vision Plan – State of South Carolina Access Network (EyeMed).” That will take you to the provider directory on the EyeMed website. You may enter your ZIP code or address to find a provider close to you.
- 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, tell the office staff you are covered by EyeMed. It is best to bring your State Vision Plan identification card to your appointment. However, you are not required to do so.

How to Order Contact Lenses by Mail

You can also save money by ordering replacement contact lenses at competitive prices through www.eyemedcontacts.com. Log on to the site and follow the instructions for ordering. You will be asked to select your doctor and will also need to have a valid prescription. Your contacts will be delivered directly to your home. **Please note:** Your plan allowance and discounts do not apply to this service, so it is best to wait to use it until after you have exhausted your benefit.

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 113-114.

To receive out-of-network services:

- Request an out-of-network claim form from EyeMed’s Customer Care Center. You may also print one from the PEBA Insurance Benefits website, www.eip.sc.gov. Select “Forms.” The out-of-network claim form is listed under “Vision Care Benefits.”
- 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: 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 Customer Care Center at 877-735-9314. Please have your State Vision Plan ID card handy.

Exclusions and Limitations

Some services and products are not covered by your vision care benefits. 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 an employer as a condition of employment; safety eyewear
5. Services that would be provided by the government 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 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
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. A benefit may not be combined with any discount, promotional offering or other group benefit plans.

Access to Information about Your Vision Benefits

Website: www.eyemedvisioncare.com

At EyeMed's website click on "Members," register and login. Then you can:

- Monitor the status of your claim.
- Print an I.D. card or an out-of-network claim form.
- Go paperless and receive Explanations of Benefits (EOBs) electronically.
- Check benefit information. You must register and log in to check your benefits, find out which family members are covered and learn when you are next eligible for service. You may also find a network provider. Providers are available in South Carolina and nationwide. Some network providers schedule appointments online.
- Order replacement contact lenses and learn about LASIK vision correction.
- Find answers to "Common Questions." Select "Member Resources."

EyeMed's member website is mobile optimized for use on a smartphone or a tablet.

Under "Wellness 101," you can watch videos about eye exams and learn about selecting eyewear. Under "Disease Awareness," you can read about children's vision care, eye diseases and vision and aging.

Contacting EyeMed Vision Care

You can reach EyeMed's Customer Care Center by telephone or by selecting "Contact Us" on EyeMed's home page. Be sure to have this information ready:

- The first and last name of the subscriber

- The subscriber's Benefits ID number or Social Security number
- The group number for the State Vision Plan: **9756347**
- A fax number or address, if you are asking for information by fax or mail.

Department	Hours	Number
Customer Care Center and Interactive Voice Response	7:30 a.m. – 11 p.m., ET, Mon. – Sat. 11 a.m. – 8 p.m., ET, Sun.	877-735-9314

Appeals

If a claims question cannot be resolved by EyeMed's Customer Care Center, the subscriber may write to the Quality Assurance Team at EyeMed Vision Care, Attn: Quality Assurance Dept., 4000 Luxottica Place, Mason, OH 45040. Information may also be faxed to 866-552-9115. This team will work with the subscriber to resolve the issue within 30 days. If the subscriber is dissatisfied with the team's decision, he may appeal to an appeals subcommittee, whose members were not involved in the original decision. All appeals are resolved within 30 days of the date the subcommittee received the appeal.

Vision Care Discount Program



This program offers discounted vision care services. Providers throughout the state have agreed to charge no more than \$60¹ for a routine, comprehensive eye exam. If you are fitted for contact lenses, you may pay more because that can require additional services. Providers, including opticians, also have agreed to give a 20-percent¹ discount on all eyewear except disposable contact lenses.

¹These amounts can change yearly. Contact your benefits office, provider or PEBA Insurance Benefits for the current amounts.

Full-time and part-time employees, retirees, survivors and COBRA subscribers, as well as their family members, are eligible. You do not have to be enrolled in a health plan. You may need to show employment-related identification to prove you are eligible for the program.

A member may not use the discount program and vision plan benefits at the same time. However, if he is enrolled in the vision plan and wants a second eye exam during the year, he can have one for \$60 through the discount program.

Providers Are Available Statewide

To see participating providers listed by county in South Carolina, North Carolina and Georgia, go to the PEBA Insurance Benefits website, www.eip.sc.gov. Choose "Online Directories" and then "Vision Care Discount Program."

If your provider is not listed, you may wish to ask if he gives discounts through the state's discount program. If he would like to participate, he should call PEBA Insurance Benefits. Although PEBA Insurance Benefits lists participating providers, the state does not recommend any specific provider. If you do not have Internet access, ask your BA to print a copy of the list for you.

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. If you have questions about this program, please contact your benefits office or PEBA Insurance Benefits.