

Vision Care

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Vision Care

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 Employee Insurance Program (EIP) 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-related treatment of your eyes 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.

Vision Care

Vision Benefits at a Glance

Service	In-Network	Out-of-Network
Comprehensive Exam <i>(limited to once a year)</i>	Member pays \$10 copay	Member is reimbursed \$35
Eyeglasses		
Frames <i>(limited to once every two years)</i>	\$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
Lenses* <i>(limited to once a year)</i>		
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
Progressive lenses	Fixed pricing starting at \$45 see chart on next page	Member is reimbursed up to \$55
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)
Polycarbonate lens (adults)	Member pays \$30	Member is reimbursed \$5
Anti-reflective coating	Fixed pricing starting at \$45	N/A
Photochromatic/Transition plastic lenses	Member pays \$60 copay	Member is reimbursed up to \$5

*Glass eyeglass lenses are not covered under the plan. As a non-covered item, they are offered at a 20% discount. Members also receive a 40% discount on the purchase of a complete pair of eyeglasses once the funded benefit has been used.

Service	In-Network	Out-of-Network
Contact Lenses (available in place of eyeglass lens benefit; limited to once per year)*		
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
Fit and Follow-Up Visit	<i>Standard:</i> \$0 copay <i>Premium:</i> member receives 10% off retail then \$55 allowance is applied	Member is reimbursed up to \$40 Member is reimbursed up to \$40
Additional Savings		
Savings on Additional Pairs	Members also receive a 40% discount off complete pairs of eyeglasses purchases and 15% off conventional contact lenses once the funded benefit has been used.	N/A
<p>* 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 109 for details.</p> <p>Members also receive a 15% discount on the purchase of conventional contact lenses once the funded benefit has been used.</p>		

Progressive Lens and Anti-Reflective Coating Schedules

Service	In-Network	Out-of-Network
Progressive Lens Price List*		
Standard Progressive Lenses	Member pays \$45	Member is reimbursed up to \$55
Premium Progressives Schedule		
Image, Kodak Precise, Kodak Concise, Outlook, SOLAMAX, Gradal Top, Gradal Brevity, Ovation, Natural, Compact Ultra, Short Fit, "MVP"	Member pays \$71 copay	Member is reimbursed up to \$55
Varilux Comfort, AO Easy, Hoyalux GP Wide, Genesis	Member pays \$77 copay	Member is reimbursed up to \$55
SOLAOne, Varilux Panamic, Varilux Ellipse, Definity, Hoyalux Summit	Member pays \$83 copay	Member is reimbursed up to \$55
Premium Progressives (other)	Member pays 80% of charge less \$75	Member is reimbursed up to \$55
Anti-reflective Coating Price List*		
Standard Anti-reflective Coating	Member pays \$45	N/A
Premium Anti-reflective Coatings Schedule		
Crizal, Zeiss Carat, High Vision	Member pays \$57	N/A
Crizal Alize, Teflon, Super High Vision, RF Endura EZ	Member pays \$68	N/A
Luxottica Anti-reflective Coatings (EZ Clean, Scotchgard Protector, EZClear, EasyCare, Other LensCrafters and Pearle Premium AR)	Member pays \$68	N/A

Premium Anti-reflective Coatings (other)	Member pays 80% of charge	N/A
* Progressives and anti-reflective designations are subject to annual review by EyeMed's Medical Director and are subject to change based on market conditions. Fixed pricing reflects the cost of brands at the listed product level. All providers are not required to carry all brands at all levels.		

The Importance of Eye Exams

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

Frequency of Benefits

Your State Vision Plan benefits will cover:

- 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 Vision Coverage

Here are estimates of what you might pay for vision services if you are covered by the State Vision Plan.

Example 1

Service	Cost without vision benefits (retail price)	State Vision Plan benefits	Cost with benefits (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

Example 2

Service	Cost without vision benefits (retail price)	State Vision Plan benefits	Cost with benefits (member out-of-pocket)
Eye examination	\$88	\$10 copay	\$10
Frames	\$140	\$140 allowance, plus 20% off balance	\$0
Lenses			
Premium progressive (Varilux Comfort)	\$230	\$77 copay	\$77
Premium anti-reflective (Crizal Alize)	\$97	\$68 copay	\$68
Totals	\$555		\$155

Example 3

Service	Cost without vision benefits (retail price)	State Vision Plan benefits	Cost with benefits (member out-of-pocket)
Eye examination	\$88	\$10 copay	\$10
Contact lens fit and follow-up (standard)	\$71	\$0 copay	\$0
Disposable contact lenses	\$130	\$130 allowance	\$0
Totals	\$289		\$10

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:

- Refer to the member brochure.
- To review the online directory, which is the most up-to-date, go to the EIP Web site, 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 Web site. 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, “Customer Service.”
- 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 for purchase. Your contacts will be delivered directly to your home. **Please note:** your plan allowance and discounts do not apply to this service.

Out-of-network Benefits

Your benefits are lower when you use a provider outside the network. To learn what you will be reimbursed by the plan if you use an out-of-network provider for covered services and supplies, see the charts on pages 105-106.

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 EIP’s Web site, www.eip.sc.gov. Select “Forms.” The out-of-network claim form will be 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.

If you have questions 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.

Access to Information about Your Vision Benefits

Web Site: www.eyemedvisioncare.com

At EyeMed's Web site you can learn more about your benefits and vision care in general. Features include:

- Benefit information. You must register and log in to check your benefits, find out which members of your family are covered, learn when you are next eligible for service and ask for an additional ID card. You may also find a network provider. Providers are available in South Carolina and nationwide.
- Print an out-of-network claim form.
- Order replacement contact lenses and learn about LASIK vision correction.
- Find answers to "Common Questions." Select "Member Resources."
- 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	8 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. Participating providers throughout the state have agreed to charge no more than \$60¹ for a routine, comprehensive eye examination. 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 EIP for the current amounts.

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

A subscriber may not use the Vision Care Discount Program and the State Vision Plan benefits at the same time. However, if he is enrolled in the State 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 the list of participating providers, go to EIP's Web site, www.eip.sc.gov. Choose "Online Directories" and then select "Vision Care Discount Program." You can search for providers by county or by state.

If your provider is not listed, you may wish to ask if he gives discounts through the state's discount program. If your provider would like to participate, he should call EIP. Although EIP lists providers who participate, the state does not recommend any specific provider. If you do not have Internet access, ask your benefits administrator to print a copy of the list for you. You can also request one by writing to EIP at P.O. Box 11661, Columbia, SC 29211, or by calling 803-734-0678 (Greater Columbia area) or 888-260-9430 (toll-free outside the Columbia area).

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 MoneyPlu\$ 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 EIP.