



Serving those who serve South Carolina

Your vision coverage

Insurance Orientation and Education
2024

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State Vision Plan

- Coverage includes:
 - Comprehensive eye exams;
 - Frames;
 - Lenses and lens options; and
 - Contact lens services and materials.
- Receive discounts on extra pairs of eyeglasses, contact lenses, and LASIK and PRK vision correction.
- Additional benefits available for diabetics.
- Choose either frames/lenses or contact lenses, but not both, in the same plan year.

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Exams

	In network, you pay:	Out of network, you receive:
Exam, with dilation if necessary	A \$10 copay.	Up to \$35.
Retinal imaging	Up to \$39.	No reimbursement.

Find a network provider at www.eyemedvisioncare.com/pebaoe.

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Frames and lenses

	<u>In network, you pay:</u>	<u>Out of network, you receive:</u>
Frames	A \$0 copay and 80% of balance over \$150 allowance.	Up to \$75.
Standard plastic lenses	A \$10 copay.	Up to \$55.
Standard progressive lenses	A \$35 copay.	Up to \$55.
Premium progressive lenses	\$35-\$80 for Tiers 1-3. For Tier 4, you pay copay and 80% of cost less \$120 allowance.	Up to \$55.

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Contact lenses

	<u>In network, you pay:</u>	<u>Out of network, you receive:</u>
Standard contact lenses fit & follow-up	A \$0 copay.	Up to \$40.
Premium contact lenses fit & follow-up	A \$0 copay and receive 10% off retail price less \$40 allowance.	Up to \$40.
Conventional contact lenses	A \$0 copay and 85% of balance over \$130 allowance.	Up to \$104.
Disposable contact lenses	A \$0 copay and balance over \$130 allowance.	Up to \$104.

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2024 Monthly premiums

	<u>State Vision Plan</u>
Employee	\$6.30
Employee/spouse	\$12.60
Employee/children	\$13.54
Full family	\$19.84

If you work for an optional employer, verify your rates with your benefits office.

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