




Vision care

Insurance Benefits Training
2024

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Important information

- This overview is not meant to serve as a comprehensive description of the insurance benefits offered by PEBA.
- More information can be found in the following:
 - [Benefits Administrator Manual](#); and
 - [Insurance Benefits Guide](#).
- The plan of benefits documents, certificates of coverage and benefits contracts contain complete descriptions of the insurance benefits offered by or through PEBA. Their terms and conditions govern all of these benefits.

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State Vision Plan

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

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State Vision Plan

- No claims to file at network providers.
 - Subscriber responsible for copayments and any charges remaining after allowances and discounts have been applied.
- Subscriber pays for services at out-of-network providers.
 - EyeMed will reimburse for portion of expenses for certain services.
- List of network providers at eyemedvisioncare.com/pebaoe.
- *Your Vision Coverage at a Glance* flyer available at peba.sc.gov/nyb.

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Exams

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

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Frames and lenses

	In-network member cost	Out-of-network reimbursement
	You pay:	You receive:
Frames	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

	In-network member cost	Out-of-network reimbursement
	You pay:	You receive:
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

Premiums for optional employers may vary. Use [Monthly premium worksheet for optional employers](#).

	Employee	Employee/ spouse	Employee/ children	Full family
Vision	\$6.30	\$12.60	\$13.54	\$19.84

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Disclaimer

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