



# Your vision coverage

Insurance Orientation and Education  
2025

Serving those who serve South Carolina

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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](http://www.eyemedvisioncare.com/pebaoe).

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Frames and lenses		
	In network, you pay:	Out of network, you receive:
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		
	In network, you pay:	Out of network, 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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2025 Monthly premiums	
If you work for an optional employer, verify your rates with your benefits office.	
	State Vision Plan
Employee	\$6.30
Employee/spouse	\$12.60
Employee/children	\$13.54
Full family	\$19.84

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