

## **Your 2025 Vision Coverage at a Glance**

Good vision is crucial for work and play. It is also a significant part of your health. An annual eye exam can help detect serious illnesses. You can have an exam once a year and get either frames/lenses or contacts. Learn more about your vision coverage at <u>peba.sc.gov/vision</u>.

	In network, you pay:	Out of network, you receive:
Comprehensive exam with dilation as necessary	A <b>\$10</b> copay.	Up to \$35.
Retinal imaging	Up to <b>\$39</b> .	No reimbursement.
Frames	A <b>\$0</b> copay and <b>80%</b> of balance over <b>\$150</b> allowance.	Up to \$75.
Standard plastic lenses	A <b>\$10</b> copay.	Up to \$55.
Standard progressive lenses	A <b>\$35</b> copay.	Up to \$55.
Premium progressive lenses	<b>\$35–\$80</b> for Tiers 1–3. For Tier 4, you pay copay and <b>80%</b> of cost less <b>\$120</b> allowance.	Up to \$55.
Standard contact lenses fit & follow-up	A <b>\$0</b> copay.	Up to \$40.
Premium contact lenses fit & follow-up	A <b>\$0</b> copay and receive 10% off retail price less <b>\$40</b> allowance.	Up to \$40.
Conventional contact lenses	A <b>\$0</b> copay and <b>85%</b> of balance over <b>\$130</b> allowance.	Up to \$104.
Disposable contact lenses	A <b>\$0</b> copay and balance over <b>\$130</b> allowance.	Up to \$104.

## 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

