



State Vision Diabetic Plan

EyeMed vision care diabetic product



Diabetic care services

With us

Out-of-network
reimbursement

Office service visit

(Medical follow-up exam) Type 1 and Type 2 diabetics
frequency: up to two services per benefit year

Covered 100%
\$0 copay

Up to \$77
per service

Diagnostic services

With us

Out-of-network
reimbursement

Retinal imaging

Type 1 and Type 2 diabetics
frequency: up to two services per benefit year

Covered 100%
\$0 copay

*Not covered if extended
ophthalmoscopy is provided
within 6 months

Up to \$50
per service

Extended ophthalmoscopy

Type 1 and Type 2 diabetics
frequency: up to two services per benefit year

Covered 100%
\$0 copay

*Not covered if fundus
photography is provided
within 6 months

Up to \$15
per service

Gonioscopy

Type 1 and Type 2 diabetics
frequency: up to two services per benefit year

Covered 100%
\$0 copay

Up to \$15
per service

Scanning laser

Type 1 and Type 2 diabetics
frequency: up to two services per benefit year

Covered 100%
\$0 copay

Up to \$33
per service

Definitions

Office service visit (medical follow-up exam): A follow-up examination for diabetic vision care.

Some or all of the diagnostic services described below will be provided as deemed appropriate by your provider.

Retinal imaging

A photograph of portions, or the complete retinal surface and structures. (Not covered if extended ophthalmoscopy was provided in previous six months.)

Extended ophthalmoscopy

Procedure to examine the interior of the eye, focusing on the posterior segment of the eye, including the vitreous retina and optic nerve. (Not covered if retinal imaging was provided in previous six months.)

Gonioscopy

An eye examination of the front part of the eye (anterior chamber) to check the angle where the iris meets the cornea.

Scanning laser

Computerized ophthalmic diagnostic imaging of the posterior segment of the eye.

Exclusions & limitations

The diabetic benefit covers diabetic eye care evaluation services only. The following services and benefits are excluded:

1. Costs associated with securing frames, lenses or any other materials
2. Orthoptics or vision training and any associated supplemental testing
3. Surgical procedures, including laser or any other form of refractive surgery, and any pre- or post-operative services
4. Pathological treatment of any type for any condition
5. Any eye examination required by an employer as a condition of employment
6. Insulin or any medications or supplies of any type
7. Services and/or materials not included in this rider