



**PEBA**<sup>SM</sup>  
SC Retirement Systems  
and State Health Plan

# Vision care

Insurance Benefits Training  
2022

# 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 and benefits contracts contain complete descriptions of the health and dental plans and all other insurance benefits. Their terms and conditions govern all health benefits offered by or through PEBA.

# 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.

# 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](https://eyemedvisioncare.com/pebaoe).
- *Your Vision Coverage at a Glance* flyer available at [peba.sc.gov/nyb](https://peba.sc.gov/nyb).

# Exams

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

# Frames and lenses

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

# Contact lenses

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

## 2022 Monthly premiums

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

	Employee	Employee/ spouse	Employee/ children	Full family
Vision	\$5.94	\$11.88	\$12.76	\$18.70



# Disclaimer

This presentation does not constitute a comprehensive or binding representation of the employee benefit programs PEBA administers. The terms and conditions of the employee benefit programs PEBA administers are set out in the applicable statutes and plan documents and are subject to change. Benefits administrators and others chosen by your employer to assist you with your participation in these employee benefit programs are not agents or employees of PEBA and are not authorized to bind PEBA or make representations on behalf of PEBA. Please contact PEBA for the most current information. The language used in this presentation does not create any contractual rights or entitlements for any person.