

Eyemed Vision Plan

for State of Iowa Employees and Retirees



Insured Vision Financial Exhibit | Preferred Plan \$25 copay | State of Iowa

Benefit Frequency		
Exam	Once every calendar year.	
Lenses or Contact Lenses	Once every calendar year.	
Frame	Once every calendar year.	
Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Exam		
Exam	\$10 Copay	Up to \$35
Dilation	\$0	N/A
Eye Exam Refraction	\$0	N/A
Lens		
Single Vision	\$25 Copay	Up to \$25
Bi-focal	\$25 Copay	Up to \$40
Tri-focal	\$25 Copay	Up to \$55
Standard Progressive Lens	\$25 Copay	Up to \$55
Premium Progressive Lens	Premium Progressive as follows:	Up to \$55
Tier 1	\$45	–
Tier 2	\$55	–
Tier 3	\$70	–
Tier 4	80% of Charge less \$120, plus \$25 Copay	–
Lenticular	\$25 Copay	Up to \$55
Other Lens Type	80% of Charge	N/A
Frame		
Frame	80% of Balance over \$130	Up to \$65
Lens Options		
Standard Polycarbonate	\$40 Copay	N/A
Standard Plastic Scratch Coating	\$15 Copay	N/A
Tint	\$15 Copay	N/A
UV Treatment	\$15 Copay	N/A
Standard Anti-reflective (a/r) Coating	\$45 Copay	N/A
Premium Anti-reflective (a/r) Coating	Premium Anti-reflective Coating as follows:	N/A
Tier 1	\$57	N/A
Tier 2	\$68	N/A
Tier 3	80% of retail	N/A
Photochromatic/Transitions	\$75	N/A
Other Lens Options	80% of Charge	N/A
Contact Lenses		
Contact Lens- Conventional	85% of Balance over \$130	Up to \$104
Contact Lens- Disposable	Balance over \$130	Up to \$104
Standard Fit And Follow Up Exam	\$0	Up to \$40
Premium Fit And Follow Up Exam	\$0 Copay, 10% off retail price then apply \$55 allowance	Up to \$40
Medically Necessary Contacts	\$0	Up to \$200
Non-Scheduled Items		
Frame	80% of Charge	N/A
LASIK or PRK Vision Correction		
	85% of Retail Price or 95% of Promotional Price	N/A