

Eyemed Vision Plan

for State of Iowa Employees



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

Benefit Frequency

Exam	Once within a 12 month period defined by last date of service.
Lenses or Contact Lenses	Once within a 12 month period defined by last date of service.
Frame	Once within a 12 month period defined by last date of service.

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	\$25 Copay	Up to \$55
Lenticular	80% of Charge less \$120, plus \$25 Copay	Up to \$55
Other Lens Type	80% of Charge	N/A

Frame

Frame	80% of Balance over \$130	Up to \$65
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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
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
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LASIK or PRK Vision Correction

	85% of Retail Price or 95% of Promotional Price	N/A
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