

# Vision Care Benefit Plan

The Vision Care Benefit Plan is designed to assist with the costs of well vision care. Eye examinations can provide early detection of serious health conditions throughout the entire body. The Plan is intended to encourage regular eye examinations and assist with vision care expenses when glasses or contact lenses are needed.

All Members and dependents covered by any of the health plans offered by the State Employees Group Insurance Program are eligible for the Vision Care Benefit Plan. The eye exam benefit is available once a year and materials such as frames, spectacle lenses or contact lenses (in lieu of frames and spectacle lenses) are available once every 24 months.

The new Vision Plan Administrator is EyeMed. Benefits are available from both in-network and non-network providers. Visit [www.benefitschoice.il.gov](http://www.benefitschoice.il.gov) for a link to EyeMed's website for the most up to date listing of network providers. See your Benefits Handbook for benefit details or contact EyeMed at (866) 723-0512.

Service	Network Provider Benefit	Non-Network Provider Benefit	Frequency of Benefit
<b>Eye Exam</b>	\$10 copayment	\$30 Allowance	Once every 12 months
<b>Spectacle Lenses</b> (single, bifocal and trifocal)	\$10 copayment	\$40 Allowance for single vision lenses  \$60 Allowance for bifocal and trifocal lenses	Once every 24 months
<b>Standard Frames</b>	\$10 copayment for frames within the benefit selection	\$50 Allowance	Once every 24 months
<b>Contact Lenses</b>  <u>All contact lenses are in lieu of standard frames and spectacle lenses.</u>	\$100 Allowance	\$100 Allowance	Once every 24 months