STATE VISION PLAN SUMMARY OF BENEFITS FOR EMPLOYEES

Computer Glasses (VDT/CRT) Plan

The Computer Glasses (VDT/CRT) Plan is available to State employees who are required to use computers and other digital devices on a full-time basis. The plan includes screening and lenses specifically designed to address the complaints of eye strain and ocular fatigue associated with computer use.

Vision Care Services	Member In-Network Coverage	Member Out-of-Network Reimbursement*
EXAM WITH DILATION AS NECESSARY	100% of EyeMed approved amount, $0 Copay	N/A
FRAMES		
Any available frame at provider location	$150 Allowance, Member pays difference	Reimbursement up to $38.25, $0 Copay, Member pays difference
STANDARD PLASTIC LENSES**		
Single vision	100% of EyeMed approved amount, $0 Copay	Reimbursement up to $17, $0 Copay, Member pays difference
Bifocal	100% of EyeMed approved amount, $0 Copay	Reimbursement up to $30, $0 Copay, Member pays difference
Trifocal	100% of EyeMed approved amount, $0 Copay	Reimbursement up to $43, $0 Copay, Member pays difference
Lenticular	100% of EyeMed approved amount, $0 Copay	Not covered
Standard Progressive Lens	100% of EyeMed approved amount, $0 Copay	Reimbursement up to $30, $0 Copay, Member pays difference
Polycarbonate	100% of EyeMed approved amount, $0 Copay	N/A
Tint (Solid and Gradient)	100% of EyeMed approved amount, $0 Copay	N/A

*Member Reimbursement Out-of-Network will be the lesser of the listed amount or the member's actual cost from the out-of-network provider. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see EyeMed's online provider locator to determine which participating providers have agreed to the discounted rate. **If a member seeks Standard Plastic Lenses in AK, CA, HI, OR, WA, Group Contracted Rate is $15 higher.

VDT Plan: Value added savings

Vision Care Services	Frequency (In-Network and Out-of Network)
Examination	Initial eye exam covered if within 12 months of routine eye exam. Subsequent evaluation included with routine eye exam.
Lenses	Once every 12 months; Only covered if prescription is different from prescribed everyday eyewear.
Frame	Once every 12 months; Only covered if prescription is different from prescribed everyday eyewear.

Vision Care Services	Member In-Network Coverage	Member Out-of-Network Reimbursement
FRAME		
Any available frame at provider location	20% off balance over $150	N/A
STANDARD PLASTIC LENSES		
Premium Progressive Lenses Tiers 1-3	$20-45 Copay	Reimbursement up to $30, Member pays difference
Premium Progressive Lenses Tier 4	$0 Copay, 80% of charge less $120 Allowance	Reimbursement up to $30, Member pays difference
LENS OPTIONS		
UV Treatment	$15	N/A
Standard Plastic Scratch Coating	$15	N/A
Standard Anti-Reflective Coating	$45	N/A
Glass	$7.50 Copay	N/A
Polarized	20% off Retail Price	N/A
Premium Anti-Reflective Tiers 1–2	$57–68	N/A
Premium Anti-Reflective Tier 3	80% of charge	N/A
Other Add-Ons	20% off Retail Price	N/A