

2024



# Michigan Public School Employees' Retirement System

## Vision Benefits Plan



## Table of Contents

Vision Benefit Guide Cover Page .....	1
Table of Contents .....	2,3
Coverage Explanation.....	4
Eligibility and Enrollment .....	5, 6, 7, 8
Dependent coverage .....	5,6
Coverage for disabled dependent .....	6
Required proof(s) for coverage .....	6,7
Continuing coverage for your survivor .....	7
COBRA coverage.....	7
Coordination of Benefits (COB) .....	8
Subrogation .....	8
Discontinuing your coverage .....	8
Updating Your Information .....	8,9,10
Contact ORS If Your Information Changes .....	8,9,10
Benefit or Claim Inquiries .....	10, 11
Benefit/Claims questions .....	10
Claims information .....	10,11
Membership ID Card .....	11,12
Explanation of Benefits (EOB) .....	12,13
Out-of-Pocket Costs .....	13
Selecting Your Providers and Using the ACCESS Network .....	13,14
Your Vision Benefits .....	14, 15, 16, 17, 18, 19, 20

Comprehensive, routine vision examinations .....	15, 16
EyeMed retinal imaging .....	16, 17
Contact lenses exam .....	17
Frames .....	17, 18
Standard plastic or glass lenses .....	18
Progressive plastic lenses .....	18, 19
Contact lenses.....	19, 20
<b>Additional Discounts with EyeMed .....</b>	<b>20, 21, 22, 23</b>
Contact lenses exam (with EyeMed) .....	20
Frames (with EyeMed) .....	21
Cosmetic lenses option (with EyeMed) .....	21, 22
Contact lenses (with EyeMed) .....	22, 23
LASIK or PRK from US Laser Network (with EyeMed) .....	23
<b>Payment Examples .....</b>	<b>24, 25, 26, 27</b>
Vision Examination Example.....	24
Frame with Single Vision Lens Example.....	24, 25
Frame with Standard Progressive Lens Example .....	25, 26
Frame with Standard Progressive Lens with Add-Ons Example .....	26, 27
<b>Exclusions and Limitations .....</b>	<b>27, 28</b>
<b>Glossary .....</b>	<b>28, 29, 30, 31</b>

# Welcome to the Michigan Public School Employees' Retirement System Vision Plan

## Coverage Explanation

EyeMed Vision Care and the Michigan Public School Employees' Retirement System are pleased to provide this booklet that explains your routine vision care benefits, **effective January 1, 2024**. Any additional benefit changes will be announced before their effective date. Please take time to carefully read your benefit booklet and keep it for future reference.

In this booklet, the words "**you**" and "**your**" refer to the public school retiree, your spouse and eligible dependents.

Every effort has been made to ensure the accuracy of this information. However, if statements in the description differ from the applicable coverage documents, then the terms and conditions of applicable coverage documents will prevail.

If you have questions about the vision plan that are not answered in this book, contact EyeMed at **866-248-2028**. Contact the Michigan Office of Retirement Services (ORS) at **800-381-5111** for enrollment and eligibility questions, or to pay your premiums.

EyeMed Vision Care, LLC administers the Michigan Public School Employees' Retirement System vision plan. Benefits and future modifications in benefit coverage and cost share requirements are jointly vested by law in the Michigan Department of Technology, Management and Budget (DTMB) and the Michigan Public School Employees Retirement Board (Retirement Board). The DTMB and the Retirement Board reserve the right to change these benefits at any time in accordance with existing law.

Federal and state laws protect the privacy of your medical records and personal health information. Only you and those covered on your insurance may use the benefits provided under the retirement system vision plan. Allowing anyone not eligible to use these benefits is illegal and subject to possible fraud investigation. If it is discovered that an ineligible person is covered by you, that person will be terminated retroactively, and you may be responsible for repaying any claims made on their behalf.

## **Eligibility and Enrollment**

The Michigan Public School Employees' Retirement System offers all pension recipients, their spouse, and their eligible dependents coverage in the vision plan. You are eligible to enroll at the time of your retirement or any time after that provided you do not have a Personal Healthcare Fund. If you have the Personal Healthcare Fund, you cannot enroll in any insurance plan after your retirement effective date.

If you have the Premium Subsidy benefit and you are enrolling yourself, your spouse, or an eligible dependent in insurance after retirement, your coverage will begin on the first day of the sixth month after ORS receives your completed application and proofs (unless you have a qualifying event). For example, if ORS receives your [Insurance Enrollment/Change Request \(R0452C\)](#) form with proofs on February 10, your coverage would begin August 1.

If you, a spouse, or an eligible dependent have a qualifying event (such as change in family status or involuntary loss of other group coverage), and you have the Premium Subsidy benefit, your coverage can begin as early as the first of the month after you apply as long as ORS receives the required proofs.

ORS must receive your completed application and proofs within 30 days of the qualifying event. If you do not meet this timeframe your insurance coverage will begin the first day of the sixth month after the date ORS receives your completed application and proofs.

### **Dependent Coverage**

Eligible dependents for vision insurance plans includes:

- Your spouse. If they are an eligible public school retiree, you will be covered together on one contract.
- Your unmarried child until December 31 of the year in which they turn age 19. In the case of legal adoption, a child is eligible for coverage as of the date of placement. Placement occurs when you become legally obligated for the total or partial support of the child in anticipation of adoption.
- Your unmarried child by legal guardianship until age 18.
- Your unmarried child who is a full-time student and dependent on you for support, until December 31 of the year in which he or she reaches age 25 or the end of the graduation month, whichever comes first.

- Your unmarried child who is totally and permanently disabled, dependent on you for support, and unable to self-sustain employment (see coverage for disabled dependents below for more information).
- Either your parent(s) or parent(s)-in-law residing in your household - one set of parents or the other, but not both.

Coverage for your eligible dependents is the same as yours. Note: Your stepchild is not eligible for coverage.

**You are responsible for immediately notifying the Michigan Office of Retirement Services (ORS) of any change in your status or that of your dependents that would affect insurance eligibility.** If it is discovered that an ineligible person is covered by you, that person will be terminated retroactively, and you may be responsible for repaying any claims made on their behalf.

## Coverage for Disabled Dependents

To ensure coverage for your dependent child with a disability, you will need to provide ORS:

- A current letter from the attending physician **detailing the disability**, stating the child is:
  - Totally and permanently disabled.
  - Incapable of self-sustaining employment.
- IRS *form 1040* that identifies the child as your dependent.

Coverage for a dependent with a disability can begin the first of the month after ORS approves their eligibility, so it is important to provide documentation as early as possible. In some cases, ORS may ask for additional information to determine medical eligibility. This may delay enrollment.

**Note:** The timeframe to submit enrollment request and proofs for your spouse and dependents is the same as enrolling yourself.

## Required Proof(s) for Coverage

You must provide photocopies of the following to ORS:

- Government-issued marriage certificate or matching addresses on valid driver's licenses and most recent tax *Form 1040* showing filing married.
- Government-issued birth certificates as proof of age and relationship.
- IRS *Form 1040* that identifies the child as your dependent or a letter from your tax preparer (on letterhead) declaring your dependent is eligible, but files his or her own taxes. Additional requirements may apply to disabled children; please see the coverage for your disabled dependent child section.

- School records as proof of full-time attendance, which must include the following:
  - Dependent's name.
  - Dates enrolled.
  - Name of institution.
  - Number of credit hours or deemed full time.
- Court orders to prove legal guardianship (if applicable).
- Driver's license or tax returns as proof of residence for your parent(s) or parent(s)-in-law.

These documents are referred to as *proofs*, proving eligibility for coverage.

**Note:** The timeframe to submit enrollment request and proofs for your spouse and dependents is the same as enrolling yourself.

## **Continuing Vision Coverage for Your Survivor**

If you chose a survivor option for your pension and you have the Premium Subsidy benefit, your designated pension beneficiary can enroll in or continue vision insurance after your death. If you had chosen your spouse as your survivor pension beneficiary, your spouse and eligible dependents who were covered at the time of your death will also continue to receive insurance benefits, if they remain eligible.

If you chose a survivor option for your pension and you have the Personal Healthcare Fund, any eligible beneficiaries who were already enrolled in insurance plans at the time of your death may continue to be enrolled in those insurance plans and they will still be responsible for the entire premium. If they terminate the plan at any time, they will not be able to re-enroll.

## **COBRA Coverage**

The Consolidated Omnibus Budget Reconciliation Act (COBRA) enables your spouse and dependents who lose their group vision plan coverage (due to certain reasons) to purchase that coverage for up to 36 months. To qualify, they must be enrolled in the Michigan Public School Employees' Retirement System vision plan at the time of a qualifying event that results in the loss of eligibility, which is the death of the retiree, divorce or legal separation, or loss of dependent eligibility under the requirements of the vision plan.

Qualified applicants have 60 days from the date of the qualifying event to apply to ORS for COBRA continuation of coverage. They'll receive an application and information on eligibility, monthly rates for coverage and payment information.

If your spouse or dependent has been terminated from coverage and a duplicate copy of the COBRA application is needed, use the miAccount Message Board ([michigan.gov/orsmiaccount](http://michigan.gov/orsmiaccount)) to request a COBRA application.

## Coordination of Benefits (COB)

When your enrolled spouse or dependent is covered under more than one group plan providing vision benefits, a duplication of benefits can result. The Coordination of Benefits provision prevents anyone from receiving more than the total expenses for all plans. The plans work together to achieve this, usually without involving the member.

However, always notify ORS when you have other vision plan coverage so you can make the most of your combined group vision benefits."

## Subrogation

In the event of any payment for services under EyeMed Vision Care, Michigan Public School Employees' Retirement System shall have the covered person's rights of recovery for benefit payments against any person or organization, except against insurers on policies of insurance issued to, and in the covered person's name. The covered person shall execute and deliver such instruments and papers as may be required and do whatever else is necessary to facilitate enforcement of the retirement system's subrogation rights.

## Discontinuing Your Coverage

You can voluntarily cancel your retirement system vision coverage or your spouse or dependent's coverage at any time by logging in to [michigan.gov/orsmiaccount](http://michigan.gov/orsmiaccount) or completing ORS' *Insurance Enrollment/Change Request (R0452C)*. The cancellation effective date will be the last day of the month in which the cancellation request is received.

**Note:** You must immediately notify ORS if you divorce. Your former spouse's coverage ceases as of the end of the month in which the divorce occurs. They may be eligible for COBRA continuation, however.

---

## Updating Your Information

### Contact ORS If Your Information Changes

You ***must*** contact ORS to notify the retirement system of the following changes:



- Address change.
- Adoption.
- Birth.
- Death.
- Divorce.
- Email address.
- Involuntary loss of coverage in another group plan.
- Marriage.
- Name change.
- New phone number.
- Power of Attorney (if someone else has the legal authority to act for you).

miAccount is the fastest way to access and make changes to your account. When you log in you have secure access to change your insurance information, update your address, and much more. Log in to miAccount for more information at [michigan.gov/orsmiaccount](http://michigan.gov/orsmiaccount).

You can also report membership and address changes by contacting ORS or by submitting a completed *Insurance Enrollment/Change Request (R0452C)* form to ORS.

**ORS Customer Contact Center Office Hours:**

**8:30 a.m. to 5 p.m.** (Eastern time), **Monday through Friday.**

Lansing area telephone number: **517-284-4400**

Outside of the Lansing area: **800-381-5111**

Fax: **517-284-4416**

**You can write ORS at the following mailing address:**

Michigan Office of Retirement Services

P.O. Box 30171

Lansing, MI 48909-7671

**Please note:** ORS requires that an address update request include both the old and new addresses, as well as the retiree's signature in order for the address change to be made.

Any changes or updates you make to your miAccount or with an ORS Customer Service representative are automatically forwarded to EyeMed. EyeMed cannot change your records without notification from the retirement system.

It is important that you contact ORS to report membership and address changes to avoid delays in pension payments, misdirected communications, or potential coverage problems.

This is especially important when adding or removing a dependent from your contract since you can be liable for claims paid in error.

Example: If you fail to give timely notice of divorce, you will be responsible for payments made by EyeMed on behalf of your ex-spouse for services provided subsequent to your divorce date.

---

## **Benefit or Claim Inquiries**

### **Benefit/Claim Questions**

You can call or write EyeMed when you have benefit and claim questions.

**EyeMed's Customer Care Center Office Hours:**  
**7:30 a.m. to 11 p.m.** (Eastern time), **Monday through Saturday.**  
**11 a.m. to 8 p.m.** (Eastern time), **Sunday.**

Contact EyeMed by Phone: **866-248-2028**  
Fax: **513-492-3259**

When calling or writing EyeMed, make sure to have your EyeMed membership ID card handy so you can provide your member ID and group number.

### **Claim Information**

Your vision claims are handled by First American Administrators ("FAA"), a wholly owned subsidiary of EyeMed Vision Care, LLC.

**When inquiring about a claim, please make sure to provide the following information:**

- Contract Holder's name.
- Contract Holder's ID number.
- Patient's name.
- Provider's name.
- Date of service.
- Type of service.
- Charge for the service.

When writing to FAA/EyeMed, please send copies of your bills, other relevant documents and any correspondence you have received. Make sure to keep your originals and include your daytime telephone number on all your letters. Write to FAA/EyeMed at the following address to submit an out-of-network (OON) claim:

**FAA / EyeMed  
Attention: OON Claims  
4000 Luxottica Place  
Mason, OH 45040**

Should you wish to appeal a coverage determination, please send all correspondence to:

**FAA / EyeMed  
Attention: Quality Assurance Dept.  
4000 Luxottica Place  
Mason, OH 45040**

---

## **Membership ID Card**

Your EyeMed membership identification (ID) card is your key to receiving quality, routine vision care. An ID card is issued once you enroll for coverage in the retirement system vision plan.

Present your EyeMed and other vision plan membership ID cards every time you seek vision services that are covered by the vision plan. Your vision care providers may not know you're enrolled in another group vision plan. This is why you should always present all your vision membership ID cards whenever you receive routine vision services.

Additionally, you will want to provide your medical plan ID card in case any of the services you receive during your visit fall under your medical plan. That way, you'll be sure to get the most of your combined benefits and your vision provider will know with which plan to file the claim.

**Your EyeMed membership ID card will look similar to the one found on the following page.**



## Your ID card contains the following information:

1. EyeMed specific website for your retirement system's vision care plan. This is a great online resource where you can manage your benefits, find an eye doctor, print an ID card, get special offers and more. Register at [eyemed.com](http://eyemed.com) or download the mobile app (App Store or Google Play).
2. EyeMed Customer Care Center phone number.
3. Your vision care provider network name — the Access Network.
4. Your retirement system's group name.
5. Your name.
6. Your member ID number — a 9-digit, randomly generated number.
7. Your Group Number as a member of your retirement system's vision care plan.
8. The date your coverage with EyeMed became effective (not necessarily the date you are eligible for services).

You should always carry your membership ID card with you. If you or anyone covered by your vision plan needs an ID card, go to the secure site at [eyemed.com/mpsers](http://eyemed.com/mpsers), and sign into your member account to access your information. If you do not have an account, you will be able to register for one, or you can contact the EyeMed Customer Care Center at **866-248-2028** for additional assistance.

If your membership ID card is lost or stolen, immediately call the EyeMed Customer Care Center at **866-248-2028** to report the loss. There is no charge for a replacement card, and you can still receive services until your new card arrives by giving your routine vision care provider your name, address and your date of birth.

Only you and anyone covered on your insurance may use the membership ID cards issued for your vision care contract. Lending your card to anyone not eligible to use it is illegal and subject to possible fraud investigation and termination of coverage. You may also be held responsible for claims incurred by ineligible members.

---

## **Explanation of Benefits (EOB)**

If you choose an in-network provider, you will receive an Explanation of Benefits (EOB) after you receive services. Your EOB is not a bill. It is a statement that helps you understand your covered benefits and your savings by using an in-network provider.

## Your EOB shows you the following information:

- Person who received services.
- Provider name.
- Services received.
- Date of service.
- Amount you paid (e.g. copays).

You should always check your EOB carefully. If you see an error, please contact your provider first. If they cannot correct the error, call the EyeMed Customer Care Center.

If you think your provider is intentionally billing for services you did not receive, or that someone is using your EyeMed vision card illegally, contact EyeMed's Customer Care Center. Your call will be kept strictly confidential.

---

---

## **Out-of-Pocket Costs**

The vision plan covers many costs associated with your routine vision care. You pay a minimal amount of the cost of covered benefits in addition to any monthly premium deducted from your pension payment. The vision plan features cost-sharing that applies to all members:

- Copay: A flat dollar amount that you pay when you receive certain vision care services.
- Coinsurance: A percentage of the cost of certain vision care services. Additional costs for using providers that do not participate with EyeMed.
- Allowance: The amount of money you can put toward your frames, contact lenses or other purchase. This amount is \$120 for frames or contact lenses for this plan is every 12 months.

---

---

## **Selecting Your Providers and Using the Access Network**

Your retirement system's vision care plan covers regular eye examinations and corrective eyewear. The plan offers the maximum benefit with the lowest out-of-pocket expense when you use EyeMed's Access Network of providers in and outside Michigan. When you need routine vision care, it is important to find out if your provider participates with EyeMed's Access Network.

EyeMed's provider network includes private practitioners, as well as the nation's premier retailers: LensCrafters®, Target Optical, and most Pearle Vision locations. To locate EyeMed Vision Care providers near you, visit [eyemed.com](http://eyemed.com) and choose the **Access Network**. You may also call EyeMed's Customer Care Center at **866-248-2028**. EyeMed's Customer Care Center can be reached Monday through Saturday 7:30 a.m. to 11 p.m. Eastern time and Sunday 11 a.m. to 8 p.m. Eastern time.

In certain states participating providers may require you to pay the full retail rate rather than EyeMed's negotiated discount rate. Use the EyeMed online provider locator to determine which participating providers have agreed to a discounted rate.

Providers that do not participate with EyeMed (out-of-network providers) have not signed agreements with EyeMed and do not have to accept EyeMed's approved amount as payment in full. If you receive services from an out-of-network provider, you must pay for the full cost at the point of service. You will be reimbursed up to the maximum shown in the Your Vision Benefits section of this booklet. To receive your out-of-network reimbursement, complete and sign an out-of-network claim form and attach your itemized receipts. For your convenience, you may submit your out-of-network claim form in one of 3 of the following ways:

- 1) Online: FAA/EyeMed out-of-network claims can be completed online. To access the out-of-network form or to check the status of a claim, log in to [Member Web](#) ([eyemed.com/mpsers](http://eyemed.com/mpsers)) and navigate to the Claims tab. Remember to upload an itemized paid receipt with your name included.
- 2) Mail: First American Administrators, Inc., ("FAA"), a wholly owned subsidiary of EyeMed Vision Care:

**FAA/EyeMed Vision Care Attn: OON Claims**  
**P.O. Box 8504**  
**Mason, OH 45040-7111**

- 3) Email: You may also print a claim form and email it to us at [oonclaims@eyemed.com](mailto:oonclaims@eyemed.com) or call the EyeMed's Customer Care Center at 1-866-248-2048.

---

## **Your Vision Benefits**

This section describes the vision benefits provided under the vision care plan. If your only vision coverage is through this vision plan—that is, if you are not covered by another group

vision plan—then your benefits will be covered as outlined here. If you have other vision coverage, please also see the Coordination of Benefits section in this booklet.

Your retirement system vision plan is designed to assist you with the financial expenses of vision care and is not intended to cover the full cost of all services. It is important that you discuss expenses in advance with your vision care provider so you will know your share of the cost. Benefits include a vision examination and corrective eyewear every 12 consecutive months. Any remaining balance to plan allowances cannot be carried forward for future use.

With EyeMed you can purchase certain items not covered by your retirement system plan at a reduced cost. Please see the Additional Discounts with EyeMed section for savings that may be available exclusively through EyeMed.

You must pay your provider’s fees charged for services not covered by the plan.

## Comprehensive, Routine Vision Examinations

<i>What You Pay</i>	
<b>In-Network:</b>	<b>Outside Network:</b>
\$10 copay	You pay all costs that exceed \$40

**Note:** Refer to the Exclusions and Limitations section of this booklet for additional information.

The plan covers a comprehensive, routine vision examination with dilation, as needed, and refraction every 12 months by an optometrist or ophthalmologist.

### The exam also includes:

- Case history.
- Patient observation.
- Clinical diagnostic testing.
- Color vision testing.
- Stereopsis testing (depth perception).
- Assessment, diagnosis, and treatment plan.

A comprehensive eye exam is an important part of caring for your overall health whether you need vision correction or not. By looking into your eyes, your eye care provider can check for

signs of serious health conditions, such as hypertension and diabetes. During a comprehensive exam your provider will look for signs of glaucoma, perform tests to check your vision sharpness, determine your prescription strength, examine how your eyes work together, and check the fluid pressure in your eyes.

Whether eye dilation during an eye exam is necessary depends on the reason for your exam, your age, your overall health and your risk of eye diseases. The eye drops used for dilation cause your pupils to widen, allowing in more light and giving your provider a better view of the back of your eye.

A refraction test tells your eye care provider exactly what prescription you need in your corrective eyewear. For some members, the eye exam is covered by their medical plan due to the presence of other medical conditions that may affect the eyes, so only the refraction part of the exam is covered by the vision benefit.

For this refraction only in-network service, members need to file a request for reimbursement. Providers submit claims for all other in-network services.

Even though it's reimbursed as an in-network benefit (up to \$40), you must use the "out-of-network claim form" to submit online or via mail. Include the receipt for your initial exam and the Explanation of Benefits (EOB) that shows the refraction part of the exam was not covered by the medical plan.

### Retinal Imaging

<i>What You Pay</i>	
<b>In-Network:</b>	<b>Outside Network:</b>
Up to \$39	You pay all costs

**Note: Refer to the Exclusions and Limitations section of this booklet for additional information.**

The plan covers retinal imaging during a comprehensive, routine vision examination every 12 consecutive months by an optometrist or ophthalmologist.



Retinal imaging takes a digital picture of the back of your eye. It allows providers to get a much wider digital view of the retina and helps them detect and manage such eye and health conditions as glaucoma, diabetes, and macular degeneration.

## Contact Lens Exam

What You Pay	
In-Network:	Outside Network:
Up to \$55	You pay all costs

**Note: Refer to the Exclusions and Limitations section of this booklet for additional information.**

The plan covers a contact lens exam every 12 consecutive months by an optometrist or ophthalmologist.

For contact lens wearers, a contact lens exam is necessary to ensure the lenses are fitting both eyes properly and that the health of the eyes is not harmed by the contact lenses. Your provider will measure your eye surface to determine what size and type of contacts are best for you and may also do a tear film evaluation to make sure you have enough tears to comfortably wear contacts.

A standard contact lens fit applies to clear, soft, spherical (astigmatism less than .75D), daily wear contact lenses for single vision prescriptions. It does not include extended/overnight wear.

## Frames

What You Pay	
In-Network:	Outside Network:
\$0 copay, up to \$120 plan allowance	You pay all costs over \$23

**Note: Refer to the Exclusions and Limitations section of this booklet for additional information.**

The plan covers standard-size plastic or metal frames up to the plan allowance once every 12 consecutive months. Your network provider can tell you which frames are available at no

additional cost. EyeMed controls the additional amount network providers can charge if you select a frame over the plan allowance.

### Standard Plastic or Glass Lenses

<i>What You Pay</i>		
<b>Lenses Type:</b>	<b>In-Network:</b>	<b>Outside Network:</b>
Single Vision	\$25 copay	You pay all costs over \$16
Bifocal	\$25 copay	You pay all costs over \$23
Trifocal	\$25 copay	You pay all costs over \$27
Lenticular	\$25 copay	You pay all costs over \$75

**Note: Refer to the Exclusions and Limitations section of this booklet for additional information.**

The plan covers standard-size plastic or glass lenses in either single vision, bifocal, trifocal or lenticular configuration once every 12 consecutive months. Pink or rose #1 or #2 tints are covered if prescribed by your doctor.

The plan is designed to cover your visual needs rather than cosmetic materials. There will be extra cost to you if you select materials or services which are cosmetic in nature, such as blended or progressive lenses, oversize lenses, tinted or coated lenses (other than solid pink #1 or #2 when prescribed by your doctor) and any other materials or services not necessary for the patient’s visual welfare.

### Progressive Plastic Lenses

<i>What You Pay</i>		
<b>Lenses Type:</b>	<b>In-Network:</b>	<b>Outside Network:</b>
Standard	\$80 copay	You pay all costs over \$23

Premium Tier I	\$110 copay	You pay all costs over \$23
Premium Tier II	\$120 copay	You pay all costs over \$23
Premium Tier III	\$135 copay	You pay all costs over \$23
Premium Tier IV	\$90 copay, plus 80% coinsurance minus \$120 plan allowance	You pay all costs over \$23

**Note: Refer to the Exclusions and Limitation section of this booklet for additional information.**

Members may purchase progressive plastic lenses once every 12 consecutive months in lieu of the standard plastic or glass lenses that are covered by the retirement system plan. Progressive lenses have a smooth transition between the parts of the lenses that have different focal lengths. They are a cosmetic choice for eyeglass wearers. The copay and coinsurance apply to the provider's charge for progressive lenses.

Progressive lenses come in the following tiers, or levels.

- Standard: General purpose, non-customizable lenses that are generally the lowest cost option.
- Premium Tier I: Non-customizable lenses that feature a softer design for more reading comfort.
- Premium Tier II: Lenses that feature a wider viewing area and less distortion.
- Premium Tier III: Customizable lenses that feature a wider viewing area and increased clarity at any distance.
- Premium Tier IV: Highly customizable lenses that generally provide the sharpest level of vision based on design and personal measurements. These lenses are often the highest cost.

Customization varies and may include changes to the shape and tilt of lens or frame. Be sure to discuss available options with your provider.

## Contact Lenses

<i>What You Pay</i>		
<b>Lenses Type:</b>	<b>In-Network:</b>	<b>Outside Network:</b>
Medically necessary	\$25 copay	You pay all costs over \$96
Conventional or disposable	\$25 copay, up to \$120 plan allowance	You pay all costs over \$35

**Note: Refer to the Exclusions and Limitations section of this booklet for additional information.**

In lieu of frames with plastic or glass lenses, and when medically necessary, the plan covers contact lenses in full once every 12 consecutive months after you pay your copay. Your provider must receive prior approval for medically necessary contact lenses. Refer to the glossary for the definition of Medically Necessary Contact Lenses.

When contact lenses are a cosmetic choice, rather than a medical necessity, you pay additional costs.

## **Additional Discounts with EyeMed**

The following EyeMed discounts are subject to change at any time and cannot be combined with any other discounts or promotional offers. Service discounts may not be available at all network providers and vision material discounts may not apply to certain manufacturers' products. Prior to your appointment, you should confirm with your provider whether discounts are offered.

Your cost, whether copay or coinsurance, applies to the provider's charge for the service or vision materials you receive.

### **Contact Lens Examination (with EyeMed)**

<i>What You Pay</i>		
<b>Service:</b>	<b>In-Network:</b>	<b>Outside Network:</b>

Premium fit and follow up	90% coinsurance	You pay all costs
---------------------------	-----------------	-------------------

**Note: Refer to the Exclusions and Limitation section of this booklet for additional information.**

In lieu of a standard fit and follow up exam, with EyeMed you can receive a premium contact lens fit and follow up exam once every 12 months at a discounted cost. The premium exam applies to more complex applications, including, but not limited to Toric (astigmatism .62D or higher), bifocal/multifocal, cosmetic color, post-surgical and gas permeable lenses. It includes extended/overnight wear for any prescription.

The coinsurance applies to the provider's charge for the premium exam.

### Frames (with EyeMed)

<i>What You Pay</i>	
<b>In-Network:</b>	<b>Outside Network:</b>
80% coinsurance for costs over the \$120 plan allowance	You pay all costs over \$23

**Note: Refer to the Exclusions and Limitations section of this booklet for additional information.**

With EyeMed you may be able to receive a discount once every 12 consecutive months if you select a frame over the plan's allowance. Discounts are not available on all frames. Ask your EyeMed provider if discounts are available.

The coinsurance applies to the provider's charge for the frames you purchase.

### Cosmetic Lenses Options (with EyeMed)

<i>What You Pay</i>		
<b>Lenses Type:</b>	<b>In-Network:</b>	<b>Outside Network:</b>
UV coating	\$15 copay	You pay all costs

Tint (solid and gradient)	\$15 copay	You pay all costs
Standard scratch resistance	\$15 copay	You pay all costs
Standard polycarbonate	\$40 copay	You pay all costs
Standard anti-reflective coating	\$45 copay	You pay all costs
Premium anti-reflective coating tier 1	\$57 copay	You pay all costs
Premium anti-reflective coating tier 2	\$68 copay	You pay all costs
Premium anti-reflective coating tier 3	80% coinsurance	You pay all costs
Polarized	80% coinsurance	You pay all costs
Other add-ons and services	80% coinsurance	You pay all costs

**Note: Refer to the Exclusions and Limitations section of this booklet for additional information.**

Although the retirement system plan does not cover cosmetic items, once every 12 consecutive months EyeMed provides a discount to members who wish to add any of the above cosmetic options to their lenses.

Your copay and coinsurance apply to the provider's charge for the options you select.

### Contact Lenses (with EyeMed)

<i>What You Pay</i>		
<b>Lenses Type:</b>	<b>In-Network:</b>	<b>Outside Network:</b>

Conventional	85% coinsurance on costs over \$120 plan allowance	You pay all costs over \$35
--------------	----------------------------------------------------	-----------------------------

**Note: Refer to the Exclusions and Limitations section of this booklet for additional information.**

With EyeMed, you can receive a discount on costs over the plan's allowance once every 12 consecutive months if you select conventional contact lenses in lieu of frames with plastic or glass lenses.

### **LASIK or PRK from US Laser Network (with EyeMed)**

<i>What You Pay</i>	
<b>In-Network</b>	<b>Outside Network</b>
Lesser of 85% coinsurance on retail price or 95% coinsurance on promotional price	You pay all costs

**Note: Refer to the Exclusions and Limitations section of this booklet for additional information.**

Although not covered by the retirement system plan, EyeMed provides a discount to members who wish to undergo laser-assisted in situ keratomileusis (LASIK) or photorefractive keratectomy (PRK). LASIK and PRK are commonly performed eye surgeries that treat myopia (nearsightedness), hyperopia (farsightedness) and astigmatism. The goal of these cosmetic surgical procedures is improved vision without eyeglasses or contact lenses.

EyeMed discounts cannot be combined with any other discounts or promotional offers. In addition, discounts on services may not be available at all participating providers. Prior to your appointment, please confirm with your provider whether discounts are offered.



## Payment Examples:

### Vision Examination Example:

		<u>Member Cost Share</u>			
	Charge	Copay	Member Additional Cost	Net Amount Member Pays	Plan Pays
<b>In-Network</b>	\$110	\$10	\$0	\$10	\$100
<b>Out-of-Network</b>	\$110	\$0	\$70 (Full Cost Minus Out-of-Network Reimbursement)	\$70	\$40

**Save \$60.00 by using an in-network provider.**

### Frame with Single Vision Lens Example:

#### Explanation of Example Vision Examination (#1):

The average Exam charge is \$110, when you visit an in-network provider, your copay thru your retirement system vision plan is \$10.

If you go out-of-network, you will be reimbursed \$40, leaving you with a cost of \$70.

You save \$60 by going in-network.



	Charge	Member Cost Share			\$120 Frame Allowance
		Copay	Member Additional Cost	Net Amount Member Pays	Plan Pays
<b>In-Network</b>	\$271 (\$182 Frames + \$89 Lenses)	\$25 (Lenses)	\$49.60 (Frame Balance, Including 20% EyeMed Discount)	<b>\$74.60</b> (\$25 + \$49.60)	<b>\$196.40</b>
<b>Out-of-Network</b>	\$271 (\$182 Frames + \$89 Lenses)	\$0	\$232 (Full Cost Minus Out-of-Network Reimbursement)	<b>\$232</b>	<b>\$39</b> (\$23 for Frame and \$16 for Lenses)

**Save \$157.40 by using an in-network provider.**

### Explanation of Example Single Vision Lenses (#2):

The average frame charge is \$182. When you use your retirement system vision plan, you have a \$120 allowance; EyeMed offers an additional 20% discount on any remaining balance. Example:  $\$182 - \$120 = \$62 - 20\% = \$49.60$ .

Average lens charge for single vision lenses is \$89. Your lens copay when you visit an in-network provider is \$25.

In this example, your total out-of-pocket cost in network for frame and single vision lenses is \$74.60; for the same purchase from an out-of-network provider, your cost after benefit reimbursements is \$232.

Please note the copay does not apply out of network.

You save \$157.40 by visiting an in-network provider.

### Frame with Standard Progressive Lenses Example:

	Charge	Member Cost Share			\$120 Frame Allowance
		Copay	Member Additional Cost	Net Amount Member Pays	Plan Pays
<b>In-Network</b>	\$403 (\$182 Frames +\$221 Lenses)	\$80 (Lenses)	\$49.60 (Frame Balance, Including 20% EyeMed Discount)	<b>\$129.60</b> (\$80 + \$49.60)	<b>\$273.40</b>
<b>Out-of-Network</b>	\$403 (\$182 Frames +\$221 Lenses)	\$0	\$357 (Full Cost Minus Out-of-Network Reimbursement)	<b>\$357</b>	<b>\$46</b> (\$23 for Frame and \$23 for Lenses)

**Save \$227.40 by using an in-network provider.**

**Explanation of Example Standard Progressive Lenses (#3):**

The average frame charge is \$182. When you use your retirement system vision plan, you have a \$120 allowance; EyeMed offers an additional 20% discount on any remaining balance.

Average lens cost for standard progressive lenses is \$221; your lens copay when you visit an in-network provider is \$80.

In this example, your total out-of-pocket cost in network for frame and standard progressive lenses is \$129.60; for the same purchase from an out-of-network provider, your cost after benefit reimbursements is \$357.

As noted previously in the last example, the copay does not apply for out of network.

You save \$227.40 by visiting an in-network location.

**Frame with Standard Progressive Lenses with Add-Ons Example:**

		Member Cost Share			
	Charge	Copay	Member Additional Cost	Net Amount Member Pays	Plan Pays
<b>In-Network</b>	\$521 (\$182 Frames + \$221 Lenses + \$80 A/R Coat + \$38 Scratch)	\$140 (\$80 Lenses + \$45 A/R Coat + \$15 Scratch)	\$49.60 (Frame Balance, Including 20% EyeMed Discount)	<b>\$189.60</b> (\$140 + \$49.60)	<b>\$331.40</b>
<b>Out-of-Network</b>	\$521 (\$182 Frames + \$221 Lenses + \$80 A/R Coat + \$38 Scratch)	\$0	\$475 (Full Cost Minus Out-of-Network Reimbursement)	<b>\$475</b>	<b>\$46</b> (\$23 for Frame and \$23 for Lenses)

**Save \$285.40 by using an in-network provider.**

#### **Explanation of Example Standard Progressive Lenses (#4):**

In this last example, we're looking at the frame with standard progressive and the potential pricing impact when you choose additional lens options such as anti-reflective coating and scratch resistance.

The average cost for anti-reflective (A/R) coating is \$80, and average cost for standard scratch coating is \$38. Your out-of-pocket cost at an in-network provider is \$45 for A/R coat and \$15 for standard scratch coat.

For this example, your total out-of-pocket cost in network for frame, standard progressive lenses and two of the most common add-ons is \$189.60; for the same purchase from an out-of-network provider, your cost after benefit reimbursements is \$475.

As noted on previously, the copay does not apply for out of network.

You save \$285.40 by visiting an in-network provider.

---

## **Exclusions and Limitations**

The following exclusions and limitations apply to your vision plan benefits. These conditions are in addition to other applicable exclusions and limitations listed elsewhere in this booklet.

- Services provided before the effective date of coverage or after the coverage termination date except when vision materials ordered before coverage ended are delivered, and the services rendered to the insured person are within 31 days from the date of such order.
- Services and supplies considered not reasonable and necessary for the diagnosis or treatment of the insured unless these services are listed as covered elsewhere in this booklet.
- Services and supplies for cosmetic or beautifying purposes.
- Charges for services which do not meet accepted standards of ophthalmic practice, including charges for any such services or supplies that are experimental or research oriented.
- Charges for the completion of claim forms.
- Charges for missed appointments.
- Services or materials connected with or charges arising from orthoptic or vision training, subnormal vision aids, tonography and any associated supplemental testing.
- Aniseikonic lenses.
- Medical and/or surgical treatment of the eye, eyes or supporting structures, including administering drugs or medication.
- Corrective lenses following cataract surgery when covered by your medical plan (The retirement system's medical plan covers the examination and fitting of one pair of corrective lenses prescribed by a physician following cataract surgery in one or both eyes.).
- Costs of services and supplies covered by another insurance plan that has primary responsibility for first payment.
- Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof.
- Any vision examination or any corrective eyewear required as a condition of employment.
- Safety eyewear.
- Plano (non-prescription) lenses.
- Non-prescription sunglasses.
- Two pair of glasses in lieu of bifocals.
- Replacement of lost or broken lenses, frames, glasses, or contact lenses (Replacements will only be available during the next Benefit Frequency when Vision Materials would next become available.).

---

## Glossary

- \* **Anti-Reflective Coating** - A common lens coating that allows more light to pass through the lens, cutting down on glare and distracting reflections. This coating is good for night driving and

is also cosmetically appealing because it allows others to see your eyes rather than the light reflection off the lenses.

- \* **Benefits** - Specific dollar amounts reimbursed or specific discounts for each covered product or service.
- \* **Bifocal Lenses** - Lenses prescribed for those who need correction for both far away and up close.
- \* **Claim** - A request for payment of benefits.
- \* **Coinsurance** - The percentage you pay for the cost of covered services.
- \* **Coordination of Benefits (COB)** - Claims administration when members are covered by more than one vision plan.
- \* **Contract Holder** - A retiree, pension beneficiary, or COBRA participant who satisfies all of the eligibility criteria necessary to receive vision coverage through the Michigan Public School Employees' Retirement System.
- \* **Conventional Contact Lenses** - Contact lenses designed for long-term use (up to one year); can be either daily or extended wear.
- \* **Copayment (Copay)** - A fixed dollar amount a member must pay out-of-pocket for a specified service at the time of service.
- \* **Dependent** - A person who meets the dependent criteria outlined by the Michigan Public School Employees' Retirement System.
- \* **Disposable Contact Lenses** - Contact lenses designed to be thrown away daily, weekly, bi-weekly, monthly or quarterly.
- \* **DTMB** - The Michigan Department of Technology, Management and Budget.
- \* **Effective Date** - The date coverage in the plan starts (not necessarily the date a member is eligible for services).
- \* **Eligible** - Qualified to receive benefits during a specified date range.
- \* **Explanation of Benefits (EOB)** – A written statement sent to a member, after a claim has been reported, indicating the benefits and charges covered or not covered by the plan.
- \* **Lens Add-on/ Option** - Any option that does not come with the basic lens. This includes, but is not limited to polycarbonate, scratch-resistant coating, tint and UV coating. May also be referred to as an “option” or “upgrade.” Most add-ons also have premium options available.
- \* **Lenticular Lens** - An infrequently-used technology needed in situations that require a high plus power that cannot be achieved with a traditional lens. This technology involves bonding one lens to the center of another to reach the correct power.
- \* **Medically Necessary Contact Lenses** - Contact lenses are defined as medically necessary if the individual is diagnosed with one of the following specific conditions:
  - Anisometropia of 3D in meridian powers
  - High Ametropia exceeding -10D or +10D in meridian powers
  - Keratoconus when the member's vision is not correctable to 20/25 in either or both eyes using standard spectacle lenses
  - Vision improvement other than Keratoconus for members whose vision can be corrected two lines of improvement on the visual acuity chart when compared to the best corrected standard spectacle lenses

- All requests for medically necessary contact lenses must be submitted by a provider for review and approval by EyeMed's medical director before a claim will be processed for the service.
- \* **Member** - Each Contract Holder and eligible dependent.
- \* **Network (In-Network/ INN)** - The opticians, credentialed optometrists, and ophthalmologists who can provide services and/or glasses and contacts covered under the plan.
- \* **ORS** – Michigan Office of Retirement Services.
- \* **Out-of-Network (OON) Provider** - A professional provider who is not in the network of approved / credentialed providers.
- \* **Personal Healthcare Fund** - A portable, tax-deferred fund that can be used to pay for healthcare expenses in retirement. You have the Personal Healthcare Fund if you chose that retiree healthcare benefit under Public Act 300 of 2012 or you first worked for the retirement system on or after September 4, 2012. The Personal Healthcare Fund automatically enrolls participants in a 2 percent employee contribution into their 457 account, earning them a 2 percent employer match into a 401(k) account. Personal Healthcare Fund contributions made by the employer and the employee are invested in the State of Michigan 401(k) and 457 Plans.
- \* **Photochromic Lenses** - Lenses that change color based on different levels of light. When the lenses are exposed to sunlight they darken; when exposed to lower light (indoors), they lighten.
- \* **Plan** - The Michigan Public School Employees' Retirement System program which provides vision coverage to members.
- \* **Plan Allowance** - A fixed amount of dollars that may be applied toward the payment for a professional service and/or material.
- \* **Plastic (Basic Lens Material)** - The most widely used lens material because it is lighter in weight than glass.
- \* **Polarized Lenses** - A common lens add-on that cuts down on glare from the sun. Ideal for driving or outdoor activities, especially water and snow sports.
- \* **Polycarbonate** - A commonly used lighter, thinner lens material that helps create a more impact-resistant lens.
- \* **Premium** - The amount paid in order to have vision insurance. For public school retirees, insurance premiums are deducted from monthly pension checks. If the amount of your pension does not cover the monthly premium, ORS will bill you for the remainder.
- \* **Progressive Lenses** - Multifocal lenses with no lines. Available in both standard and premium brands.
- \* **Provider** - An optician, optometrist or ophthalmologist who is able to provide services or materials.
- \* **Scratch-Resistant Coating** - A common lens coating that helps reduce scratches on the lenses.
- \* **Single Vision Lenses** - Lenses prescribed for those who only need correction for one field of vision: either far away or up-close.
- \* **Tint** - A common lens add-on that reduces the light that enters the eyes; can be doctor recommended or for fashion purposes.
- \* **Trifocal Lenses** - Lenses prescribed for those who need correction for three fields of vision: far away, intermediate, and up-close.

- \* **UV Coating** - A common eyeglass lens coating that protects eyes from harmful ultraviolet light.