Plan Year 2018 Vision Benefits – Kansas State Employee Health Plan

Surency Vision Benefits			
Service or Item	**Basic Plan: Network**	**Enhanced Plan: Network**	**Both Plans: Non Network**
Eye Exams: Subject to $50 Copayment			
Eye Exam, M.D. **or** O.D.	Covered in Full after Copayment	Covered in Full after Copayment	Up to $38
Eyeglasses: Subject to $25 Materials Copayment			
Frame	Up to $100 retail*	Up to $150 retail*	Basic: Up to $45 Enhanced: Up to $78
Single Vision Lenses, pair	Covered in Full after Copayment	Covered in Full after Copayment	Up to $31
Bifocal Lenses, pair	Covered in Full after Copayment	Covered in Full after Copayment	Up to $51
Trifocal Lenses, pair	Covered in Full after Copayment	Covered in Full after Copayment	Up to $64
Lenticular Lenses, pair	Covered in Full after Copayment	Covered in Full after Copayment	Up to $80
Progressive Lenses, pair	Not Covered	Covered up to $165*	Not Covered
High Index Lenses, pair	Not Covered	Up to $116 retail *	Not Covered
Polycarbonate Lenses, pair	Up to $40	Covered in Full	Not Covered
Scratch Coat	Up to $15	Covered in Full	Not Covered
UV Coat	Up to $15	Covered in Full	Not Covered
Contact Lenses: Not subject to Materials Copayment **NOTE:** Contact Lens allowance must be used in one (1) purchase each year.			
When Medically Necessary	Covered in Full	Covered in Full	Up to $105
Elective/Cosmetic Retail	Up to $150 retail*	Up to $150 retail*	Up to $105
Contact Lens Exam (fitting fee) ($35 Copayment)			
Standard Contacts**	Covered in Full	Covered in Full	Not Covered
Specialty Contacts***	90% of charge, less $55 allowance	90% of charge, less $55 allowance	Not Covered

** You are responsible for any charges above the allowance.*

*** Standard contact lens fit and up to two follow-up visits covered once a comprehensive eye exam has been completed. Typical standard lenses include disposable, daily wear or extended wear lenses.*

**** Specialty contact lens fit and up to two follow-up visits covered once a comprehensive eye exam has been completed. Typical specialty lenses include toric, gas permeable and multi-focal lenses.*

NOTE: Members may use their benefit for contact lenses OR spectacle lenses once per year; however ,the member's frame allowance can still be used if contact lenses are elected.