

# Vision

Vision coverage is provided at no cost to all members enrolled in a State health plan and is administered by EyeMed. All enrolled members and dependents receive the same vision coverage regardless of the health plan selected.

Service	In-Network	Out-of-Network**	Benefit Frequency
<b>Eye Exam</b>	\$30 copayment	\$30 allowance	Once every 12 months
<b>Standard Frames</b>	\$30 copayment (up to \$175 retail frame cost; member responsible for balance over \$175)	\$70 allowance	Once every 24 months
<b>Vision Lenses*</b> (single, bifocal and trifocal)	\$30 copayment	\$50 allowance for single vision lenses. \$80 allowance for bifocal and trifocal lenses	Once every 12 months
<b>Contact Lenses</b> (All contact lenses are in lieu of vision lenses)	\$120 allowance	\$120 allowance	Once every 12 months

\* Vision Lenses: Member pays all optional lens enhancement charges. In-network providers may offer additional discounts on lens enhancements and multiple pair purchases.

\*\* Out-of-network claims must be filed within one year from the date of service.

# Dental

Employees have the option to enroll in Dental Only coverage. However, if you enroll in health coverage and choose dental coverage, dependents must mirror the coverage of the member.

The State's Quality Care Dental Plan (QCDP) offers a comprehensive range of benefits and is available to all members and is administered by Delta Dental of Illinois. Visit [MyBenefits.illinois.gov](https://www.mybenefits.illinois.gov) for a Dental Schedule of Benefits.

## Deductible and Plan Year Maximum

Plan year deductible for preventive services	N/A
Plan year deductible for all other covered services	\$175
<b>Plan Year Maximum Benefit (Orthodontics + All Other Covered Expenses = Maximum Benefit)</b>	
In-network plan year maximum benefit	\$2,500
Out-of-network plan year maximum benefit	\$2,000

It is strongly recommended that plan members obtain a pretreatment estimate through Delta Dental for any service more than \$200. Failure to obtain a pretreatment estimate may result in unanticipated out-of-pocket costs.

## Child Orthodontia Benefit

Length of Orthodontia Treatment*	Maximum Benefit	
	In-Network	Out-of-Network
0 - 36 Months	\$2,000	\$1,500
0 - 18 Months	\$1,820	\$1,364
0 - 12 Months	\$1,040	\$780

## Member Monthly Quality Care Dental Plan (QCDP) Contributions\*\*

Member Only	Member + 1 Dependent	Member + 2 or More Dependents
\$15.00	\$25.00	\$27.50

\* Orthodontia Treatments must start prior to age 19.

\*\* Part-time employees are required to pay a percentage of the State's portion of the contribution in addition to the member contribution. Special rules apply for non-IRS dependents (see [MyBenefits.illinois.gov](https://www.mybenefits.illinois.gov) for more information).