SOUTH DAKOTA
state employee
benefits program
learn. act. thrive.

State of South Dakota - Discount Plan for Employees, Spouses, & Dependents

Take a sneak peek before enrolling

- You're on the INSIGHT - Walmart Network
- For a complete list of in-network providers near you, use our Enhanced Provider Locator on eyemed.com or call 888.626.6334.
- The discount plan is available to employees, spouses, and dependents that did not enroll in the vision benefit. This plan provides a discount on vision care services.
- For LASIK providers, call 1.877.5LASER6.

SUMMARY OF BENEFITS

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Exam With Dilation as Necessary	$5 off routine exam	N/A
	$10 off contact lens exam	N/A
(Complete Pair of Glasses Purchase*: frame, lenses and lens options must be purchased in the same transaction to receive full discount.)		
Frames	35% off retail price	N/A
Standard Plastic Lenses		
Single Vision	$50	N/A
Bifocal	$70	N/A
Trifocal	$105	N/A
Lens Options		
UV Treatment	$15	N/A
Tint (Solid and Gradient)	$15	N/A
Standard Plastic Scratch Coating	$15	N/A
Standard Polycarbonate	$40	N/A
Standard Progressive (Add-on to Bifocal)	$65	
Standard Anti-Reflective Coating	$45	N/A
Other Add-Ons and Services	20% off retail	N/A
Contact Lenses (Contact lens allowance includes materials only.)		
Disposable	0% off retail price	N/A
Conventional	15% off retail price	N/A
Laser Vision Correction		
LASIK or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	
Frequency		
Examination	Unlimited	
Frame	Unlimited	
Lenses	Unlimited	
Contact Lenses	Unlimited	

(Items purchased separately will be discounted 20% off of the retail price)

THIS IS NOT INSURANCE

Benefits are not provided from services or materials arising from: Orthopic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses, medical and/or surgical treatment of the eye, eyes or supporting structures; Any Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; safety eyewear; 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; Plano (non-prescription) lenses; Non-prescription sunglasses; Two pair of glasses in lieu of bifocals; Services or materials provided by any other group benefit plan providing vision care; Services rendered after the date an insured person ceases to be covered under the Policy, 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. Lost or broken lenses, frames, glasses or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available. Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Standard/Premium Progressive lens not covered – fund as a Bifocal lens. Standard Progressive lens covered – fund Premium Progressive as a Standard. Benefit allowance provides no remaining balance for future use within the same benefits year. Fees charged for a non-insured benefit must be paid in full to the Provider. Such fees or materials are not covered.