

**Vision Insurance Plans
2012**

Studies conducted on the prevalence of health conditions have found that over half of all Americans wear corrective lenses.^{1,2} Nearly all people have a need for vision care at some point in their life, though the need for vision services increases with age. Currently, the American Optometric Association recommends examinations every two years for asymptomatic or risk free patients aged 18 to 60 and annually for asymptomatic or risk free patients over age 61; those who are at risk are encouraged to have examinations every one to two years from age 18 – 60 and annually or as recommended after age 61.³

Vision insurance covers the cost of vision examinations, corrective lenses, eyeglass frames, eye surgery and other forms of care that ensure vision health. Providers of vision care services include ophthalmologists and optometrists who examine, diagnose and treat eye conditions and opticians who provide patients with eye glasses. In an employment setting, vision costs can be covered through a separate vision insurance plan or reimbursed through a flexible spending account or health reimbursement account.

Vision insurance plans tend to be offered in two formats: schedule of benefit and frequency-based program. Schedule-of-benefit vision plans feature maximum allowances for each service and material, as well as a limit on the frequency of use (e.g., the maximum allowed exam benefit is \$40, while the maximum allowed frame benefit is \$80). In these types of plans, the plan participant pays any amount over the scheduled dollar limit. The schedule is usually adjusted at intervals to keep it consistent with changes in the cost of care. Frequency-based vision plans use time limits to define benefits levels (e.g., exams every 12 months, lenses and frames every 24 months).

According to the State Employment Relations Board's 2012 Health Insurance Survey, on January 1, 2012, 70% of school districts and educational service centers offered dental insurance coverage. Of those districts that were able to separate the dental premium from their other health benefits, the median total monthly premium or funding level paid was \$8.50 per single and \$20.52 per family contract, while the median employee contributions were \$0.57 for single and \$1.88 for family contracts.

¹ Employee Benefit Research Institute (2005). *Vision care plans*. In *Fundamentals of Employee Benefit Programs*. Washington, D.C.: Author.

² Lurie, N., Kamberg, C.J., Brook, R.H., Keeler, E.B, Newhouse, J.P. (1998). How free care improved vision in the health insurance experiment. *American Journal of Public Health*, 79, 640-642.

³ American Optometric Association (2005). *Comprehensive adult eye and vision examination optometric clinical practice guideline*. St. Louis, MO: Author.

Among question respondents, 54% of the vision plans in this survey were fully-insured. Vision Service Plan was identified as the most common plan administrator (40%), followed by Medical Mutual of Ohio (12%) and MedBen Vision Plus and Coresource (each with 3%). In order to provide context for this information, the survey instrument also captured data on the frequency with which a variety of benefits were covered by the plan. Most plans offered vision exams, lenses and contacts on an annual basis, and frames on a biannual basis.

Questions and comments regarding this report should be directed to OEA Research.

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