

LEOFF I Policy Procedure Manual

Appendix B –

Medical Claims for Corrective Lenses and Frames

Reimbursement schedule for eye glass lenses, contacts and frames:

Eyeglass, Lenses and Frames: \$100.00 maximum per single set of frames once every twenty-four (24) consecutive months and \$150.00 maximum per pair of lenses once every twelve (12) consecutive months. Lenses covered include single vision, bifocal, or trifocal lenses.

Contact Lenses: \$100.00 maximum during any twelve (12) month period including disposable contact lenses.

Replacement: Claims for replacement pair of eyeglass frames and/or lenses or contacts will be allowed if proof of damage is provided and shown to have been an accident. Only one replacement pair per year, due to accidental damage, will be allowed, not to exceed the amount allowable above.

Laser Vision Correction: The Board will reimburse the member the amount of \$250 per eye for Radial Keratotomy (RK) surgery or laser eye surgery (LASIK and RK). If a member is reimbursed the \$250 per eye for the surgery, he or she will not be reimbursed for eyeglasses or contact lenses during the subsequent two calendar years, unless eyeglasses or contact lenses are medically necessary.