



STATE OF TEXASSM VISION

A vision plan for participants in the
Texas Employees Group Benefits Program (GBP)
administered by EyeMed Vision Care.

Member Handbook Plan Year 2024

Vision Care Plan administered by EyeMed Vision Care



Welcome to State of Texas Vision!



Regular vision care is an important component of overall health and wellness.

State of Texas Vision is a self-funded plan offered through the Texas Employees Group Benefits Program (GBP), administered by EyeMed Vision Care. The plan offers members a dedicated website, vision claims processing, and customer service via phone. EyeMed offers a comprehensive network of providers in Texas and throughout the United States - including independent providers, popular retailers, and online options.

This Member Handbook will take you through the details of understanding and using your vision plan benefits. Please take a minute to familiarize yourself with the benefits, network, and additional resources available to State of Texas Vision members.

State of Texas Vision Customer Service:

Toll Free: (844) 949-2170; TTY: 711
Monday - Friday: 6:30 a.m. - 10:00 p.m. CT
Saturday: 7 a.m. - 10 p.m. CT
Sunday: 10 a.m. - 7 p.m. CT

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Summary of Vision Benefits

The State of Texas Vision plan offers one comprehensive eye exam per covered person at any time during the plan year (September 1, 2023 – August 31, 2024).

Eye exams can help detect subtle changes or signs associated with systemic diseases such as diabetes and hypertension, as well as vision issues such as cataracts and glaucoma. Proactive care can help you preserve your eyesight and overall health.

Benefits listed below are available for the plan year period, unless otherwise indicated. In-network services are covered in full after copay. All final determinations of benefits, administrative duties and definitions are governed by the Master Benefit Plan Document (MBPD). You can find a copy of the MBPD online at www.StateofTexasVision.com, under Resources.

Vision Care Services	In-Network Member Cost	Non-Network Member Reimbursement
Exam Services		
Exam	\$15 copay ¹	Up to \$40 after \$15 copay
Contact Lens Fit and Follow-Up		
Fit and Follow-up – Standard	\$25 copay ¹	Up to \$100
Fit and Follow-up – Premium	\$35 copay ¹	Up to \$100
Frame		
Frame	\$200 retail allowance; 20% off amount over \$200	Up to \$75
Lenses		
Single Vision	\$10 copay ¹	Up to \$30
Bifocal	\$15 copay ¹	Up to \$45
Trifocal	\$20 copay ¹	Up to \$60
Progressive – Standard ⁴	\$70 copay plus bifocal \$15 ¹	Not covered
Lens Options		
Polycarbonate - Standard	\$40 copay ¹	Not covered
Scratch Coating - Standard Plastic	\$10 copay ¹	Not covered
Tint - Solid and/or Gradient	\$10 copay ¹	Not covered
UV Treatment	\$10 copay ¹	Not covered
Anti-Reflective Coating - Standard	\$40 copay ¹	Not covered
Contact Lenses		
Contacts - Elective	\$200 allowance	Up to \$200
Contacts - Medically Necessary	\$0 copay	Up to \$210
OTHER		
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call (800)988.4221	Not covered
Retinal Imaging	You are responsible for 100% of cost, which is up to \$39 for EyeMed customers.	Not covered

Service	Allowed Frequency
Exam	Once every plan year
Frame	Once every plan year
Glasses lenses	Once every plan year
Contact lenses (in lieu of glasses lenses and frame) ³	Once every plan year

All allowances are at retail value; you are responsible for any charges exceeding the retail allowances, minus any available discounts. Discounts are not funded benefits and may vary, or change based on provider or manufacturer.

¹Covered in full after copay is met.

²A Contact Lens Fitting exam has its own copay and is separate from the eye exam copay. Standard Contact Lens Fit and Follow-up applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Premium Contact Lens Fit and Follow-up applies to new contact wearers and/or a participant, who wears toric, gas permeable, or multi-focal lenses.

³Contact lenses are in lieu of eyeglass lenses and frame benefit. This allowance can be used only once per year for either frames OR contact lenses.

⁴Standard progressive lenses are covered in full after a \$70 progressive lens copay and the \$15 bifocal lens copay. For premium progressive lenses the plan coverage is up to the in-network plan payment for standard progressive lenses.

Please Note:

Coverage of medically necessary contact lenses (MNCL) will be covered in full if obtained by an in-network provider and reimbursed up to \$210 if obtained by a non-network provider under the State of Texas Vision plan for the following conditions: high ametropia, anisometropia, aniridia, irregular astigmatism and keratoconus. Lenses worn in lieu of glasses for vision correction are not considered medically necessary contact lenses.

Find a Network Provider at www.StateofTexasVision.com

Important Information about Your Benefits:

- Using network providers saves you money. If you use out-of-network providers, you will be required to pay in full, which will result in higher out-of-pocket costs. You will also need to submit your itemized receipt with an out-of-network claim form to be reimbursed up to the allowable amount.
- The \$200 allowance is for either contacts or glasses, not both.
 - The frame allowance allows you to purchase one (1) frame for up to \$200 with no out-of-pocket cost. If you purchase a frame that costs more than \$200, you are responsible for paying the difference. Should you purchase frames that cost less than \$200, you will forfeit the remaining allowance.
 - If you use your \$200 allowance for contact lenses, you do not need to use the entire allowance at one time. You can use the allowance on one purchase or divide it among multiple contact lens purchases throughout the plan year. If your contact lens purchase(s) total more than \$200, you are responsible for paying the difference.
- Your in-network benefits and discounts cannot be used in conjunction with in-store coupons, promotions, sales, or other types of discounts. If you choose to take advantage of a sale, coupon, or other in-store special—from an in-network or out-of-network provider—you will need to pay the provider in full and submit your itemized receipt to EyeMed for reimbursement at the out-of-network rates.
- You can get services from different providers, for example, an exam from a doctor, and glasses or contacts from another provider.
- Visit the State of Texas Vision website, www.StateofTexasVision.com, for information about online network providers for glasses and contact lenses.
- Services are available on a plan year basis, per each covered person in a household.
- Vision benefits will not be coordinated with any medical plans or other coverage offered through the Texas Employees Group Benefits Program (GBP).
- If you need treatment for disease or trauma to the eye, follow the guidelines of your medical coverage. For glaucoma treatment and other diseases of the eye, you will need to use your health plan benefits and health plan network. Consult the benefits documentation for your health plan. Whether or not you enroll in the vision plan, you will still have access to your benefits under the GBP health plan you are enrolled in.

Welcome Kit with ID Card

You will receive a Welcome Kit that includes two ID cards in the mail prior to your effective date. The cards are for you and your dependents covered by the plan. You do not need to present an ID card to receive services. In-network providers will verify eligibility and available benefits using the patient's name and date of birth.

Additional copies of your ID card are available at no cost from the State of Texas Vision website or by calling State of Texas Vision Customer Service toll-free at (844) 949-2170; TTY: 711.

Your ID cards are a part of a comprehensive Welcome Kit from EyeMed. Your Welcome Kit is customized to include a full summary of vision benefits, a list of network providers that are near you, and information about registering for an account on our dedicated website.



NOTE: While you do not need your ID card to receive vision services from an in-network provider, it is important that you always identify yourself as a State of Texas Vision participant or EyeMed, not your medical insurance provider.

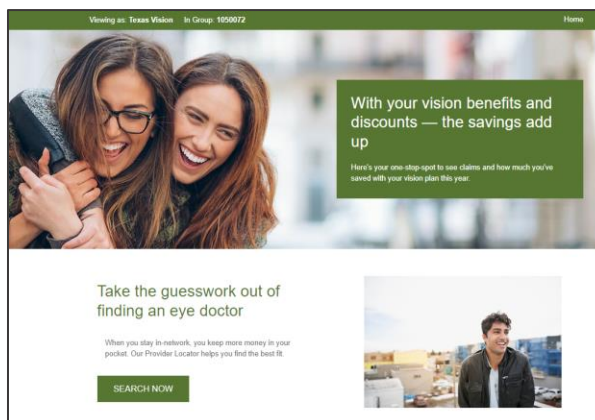
Creating Your Account on the Website

As a State of Texas Vision participant, you and each of your covered dependents over the age of 18, can create a secure account at www.StateofTexasVision.com.

To create your secure account:

1. Go to www.StateofTexasVision.com.
2. Click the **Login** button next to the search bar in the top right-hand corner on the website.
3. On the Member Login page, click the **Create a New Account** button.
4. Complete the short form on the **Create Your New Account** page and click the **Create Account** button when finished.
5. You will have instant access to your State of Texas Vision account which includes helpful resources for managing your vision benefits.

You will also receive a system-generated email confirming you have successfully set up your new account.



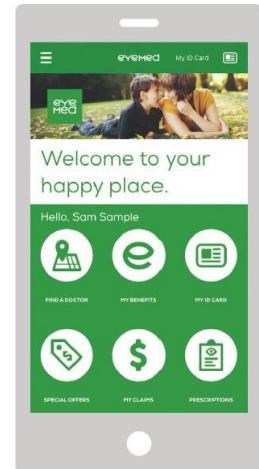
Once you have created your online account, you can login to:

- Find an in-network eye doctor with EyeMed's Provider Locator
- View your Savings Dashboard to see how much you've saved with your benefits
- Estimate out-of-pocket costs before your visit
- Browse your vision benefits and view claims
- Access special offers
- View your ID card
- Discover helpful guides, resources and FAQs

About the Mobile App

State of Texas Vision participants can download and use the EyeMed app on their mobile device to:

- Review your benefits and eligibility
- Track your claims
- Access special offers
- Find an in-network eye doctor with the Provider Locator
- Estimate out-of-pocket costs before your visit
- Shake your phone gently to view your ID card
- Set upcoming exam and contact lens replacement reminders
- Get answers to your FAQs
- Access interactive vision guides to help you see and live well
- Use Facial recognition, Touch ID and Apple Wallet for Apple users



Once you've downloaded the EyeMed app, you can log in with your username and password for your online account on www.StateofTexasVision.com. If you don't have an account on www.StateofTexasVision.com, you can create one in the app or on the website to access your account.

The EyeMed app is available for iOS, iOS X, and Android and can be downloaded by scanning the QR code for your device below:



Provider Network

State of Texas Vision members have access to the EyeMed Insight network. This large and diverse network includes independent optometrists, ophthalmologists, and dispensing opticians. You also have access to retail optical chains and online providers, including:

- Befitting
- ContactsDirect.com
- Glasses.com
- LensCrafters®
- Pearle Vision®
- Ray-Ban.com
- Sam's Club Optical
- Target Optical®
- Texas State Optical (TSO)
- Walmart Vision Center

You can obtain products or services through any provider you choose, though you'll generally spend less out of pocket and receive greater value for your benefits by seeking services from an in-network provider.

And remember—if you or your dependents live or are traveling out of state, you have access to in-network providers, including many regional eyewear retailers.

Nominate a Provider

If your eye care provider does not participate in the EyeMed Insight network, you may nominate him or her by submitting a Provider Nomination form or by calling State of Texas Vision Customer Service toll-free at (844) 949-2170, TTY: 711.

The credentialing process can take up to 60 days and every effort will be made to consider your nomination. However, the provider's response, geographical network space, or qualifying guidelines may restrict provider participation.

In-Network Providers

Using an in-network provider is easy and maximizes your benefits. You simply pay your copays, plus any services or materials that are not covered or exceed your benefit plan coverage.

If you use an EyeMed Insight in-network provider, you will not need to file a claim. In-network providers will submit claims to EyeMed for you.

- If you have questions about the amount the provider is asking you to pay, remember to identify yourself or your dependent as a State of Texas Vision or EyeMed participant.
- Confirm the provider participates in the EyeMed Insight network.
- Remember to ask about any additional discounts available.

You are responsible for paying the provider at the time of service for all copays, non-covered items, and/or any amount over the benefit allowance.

You do not need your ID card to access benefits. Identify as a State of Texas Vision or an EyeMed participant and provide the patient's name and date of birth.

Non-Network (Out-of-Network) Providers

You and your dependents may access services from a non-network provider. You will be reimbursed up to the non-network amount shown in the "Summary of Vision Benefits" chart on page 9 of this document. When you use non-network providers, you generally pay higher out-of-pocket costs.

First, verify the provider you wish to see is not in the network. Then, schedule your

appointment and pay the provider in full for the services rendered. Refer to the “Summary of Vision Benefits” chart on page 9 for reimbursement amounts.

To receive reimbursement for covered services or materials provided by a non-network provider, you may either:

1. Submit electronically by visiting StateofTexasVision.com, creating an account, and completing the electronic claim form. You will need to include a picture of your itemized receipt.
2. Submit a hard copy of the claim form via mail or fax. Claim forms are available on the State of Texas Vision website at www.StateofTexasVision.com under resources. You may also contact Customer Service at (844) 949-2170.

This information should be submitted promptly to the address below:

EyeMed Vision Care / First American Administrators, Inc.

Attn: OON Claims PO Box 8504

Mason, OH 45040-7111

Fax: (866) 293-7373

Claim reimbursement requests can be submitted via mail or fax. Claims submitted with complete information are typically processed within 10 business days and are mailed to the participant’s address as provided by ERS.

Comparison using Health Plan Benefits vs. Vision Plan Benefits



John
Using his health plan



Jennifer
Using a network vision provider

Annual premium rate (HealthSelect SM for self only)	\$0
Eye exam (Eye exam through health insurance provider)	\$40
Brand name frames	\$200
Prescription lenses (Standard single vision lenses)	\$125
Total John Paid	\$365

Annual premium rate (Coverage for self only)	\$55.32
Eye exam copay (EyeMed in-network vision provider)	\$15
Brand name frames (Up to \$200 frame allowance)	\$0
Prescription lenses copay (Standard single vision lenses)	\$10
Total Jennifer Paid	\$80.32

Jennifer saved \$284.68 with State of Texas Vision!

This example is for illustration purposes only. You will need to ask your provider about any additional charges that may apply or that are due at the time of service. You are responsible for any costs over the standard coverage. Non-network costs will be higher.

Glasses or Contacts

Plan benefits include an allowance of up to \$200 to pay for either eyeglass frames or contact lenses, but not both. Members are responsible for any additional expenses above the \$200 allowance. The allowance will only be allowed once every plan year for each covered individual.

Glasses

If you decide to use your plan benefits for glasses, you will pay a \$15 copay for a basic comprehensive eye exam, which includes dilation, if recommended by the eye care provider.

You will have up to \$200 for a frame allowance. If the frames you select are less than \$200, you will forfeit the remaining allowance.

Different types of lenses have different copay amounts. State of Texas Vision participants also have access to additional discounts on standard and premium lens options negotiated with in-network providers by EyeMed.

Contacts

Standard Contact Lens Fit and Follow-up

If you currently wear disposable, daily wear, or extended wear contact lenses, you will need a comprehensive eye exam and a standard contact lens fit and follow-up exam.

This means you will pay two copays:

- First, you will pay a \$15 copay for a comprehensive eye exam.
- Second, you will pay a \$25 copay for a standard contact lens fitting exam. The contact lens fit and follow-up copay includes multiple visits to find the right contact lens fit for your eye.

Premium Contact Lens Fit and Follow-up

If you decide to start wearing contact lenses for the first time, you will need a comprehensive eye exam and a premium contact lens fitting exam.

This means you will pay two copays:

- First, you will pay a \$15 copay for a comprehensive eye exam.
- Second, you will pay a \$35 copay for a new or premium contact lens exam. The

contact lens fit and follow-up copay includes two follow-up visits to find the right contact lens fit for your eye.

Your eye doctor will determine if you need prescription eyewear.

Remember the value of your vision benefits will be maximized by seeking services from an in-network provider.

Discounts

Be sure to ask your in-network provider about any additional discounts. Discounts may be available for lens options, upgrades or add-ons not covered by your plan. Select providers also may offer discounts if you choose eyewear that exceeds your frame allowance or lens benefit, or if you've used your insurance benefits but wish to purchase additional exams or eyewear.

State of Texas Vision benefits also include a nationwide network of independent refractive surgeons and partnerships with leading LASIK providers that offer discounts.

Discounts are not covered by the plan and may vary by provider and location.

Discounts are subject to change without notice and do not apply when prohibited by the manufacturer.

Other GBP insurance plans offer vision services and product discounts. These discounts cannot be combined with State of Texas Vision benefits. For example, you can use the vision discounts that your health plan offers, but you cannot combine those discounts with State of Texas Vision discounts and services.

Customer Service

Hours

Monday - Friday: 6:30 a.m. - 10:00 p.m. CT

Saturday: 7 a.m. - 10 p.m. CT

Sunday: 10 a.m. - 7 p.m. CT

Phone

(844) 949-2170; TTY: 711

Visit us at www.StateofTexasVision.com to:

- Review vision benefits
- Locate a network provider
- Nominate a provider
- See details about how to use your benefits and submit claims for non-network services
- Request an additional or replacement ID card



Items or Services not Covered (Exclusions)

The Plan covers items as detailed in the “Summary of Vision Benefits” on page 3. Any other services or materials are not covered by the plan but may be provided at a discount if purchased using in-network provider.

While State of Texas Vision offers a variety of vision benefits, there are a few materials, services, and treatments that are generally not covered, or have limited coverage.

Excluded Items or Services

The State of Texas Vision Plan covers items as detailed in the “Summary of Vision Benefits” found on page 3. Materials, services, and treatments not covered by the Plan, or for which limited coverage is available, are shown below:

- Non-prescription (plano) lenses of any kind, sunglasses, or contact lenses
- Two pair of glasses in lieu of bifocals
- Any special lens feature or treatment such as prisms, slab off, faceted, oversize lens greater than 61mm, polished bevel, groove, drill mount, notch, roll and polish, and laminated lenses
- Broken, lost, or damaged frames and/or lenses that are replaced before the next benefit frequency when vision materials would next become available
- Orthoptics, vision training, subnormal vision aids, developmental vision procedures, and any associated supplemental testing
- Experimental or non-conventional vision treatment or device (such as acupuncture)
- Medical or surgical treatment of the eyes
- Post-cataract lenses (intra-ocular)
- Frame or lens cases, solutions, or cleaning products
- Safety eyewear
- Eye examination or corrective eyewear required by an employer as a condition of employment
- Services or materials when paid under worker's compensation or similar third-party coverage, including for the treatment of an occupational injury or sickness paid under a Worker's Compensation plan
- Services or materials rendered by a provider other than an Ophthalmologist, Optometrist or Optician acting within the scope of his or her license
- Laminated lenses
- Additional frame purchases when full retail allowance is not used
- Any additional services or procedures outside of a routine eye exam and contact lens fitting
- Fees charged by a provider for services other than a covered benefit and, if applicable, any local, state or federal taxes. Such fees and taxes are not covered by the Plan.
- Any service or supply that is paid for in whole or in part by a plan provided or sponsored by the Texas Employees Group Benefits Program (GBP)
- Services or materials rendered after the date a Participant ceases to be covered by the Plan except when vision materials ordered before coverage ended are

delivered AND the corresponding services are provided to the Participant within 31 days of the initial order regardless of optical necessity.

- Benefits are not available more often than the benefit frequency specified in this Master Benefit Plan Document (MBPD). Allowances provide no remaining balance for future use within the same benefit frequency.

Please note: In some cases, discounts may be available for some of the items listed above; please contact EyeMed at (844) 949-2170; TTY: 711 for more information.

Limitations of the Plan

The Contact Lens benefit is paid in lieu of Eyeglasses and Frames. A State of Texas Vision participant is eligible to receive benefits under the Eyeglass Lenses benefit and the Frame benefit the following plan year.

The Eyeglass Lenses benefit and the Frame benefit is paid in lieu of the Contact Lenses benefit. A State of Texas Vision participant is eligible to receive benefits under the Contact Lenses benefit the following plan year.

This vision plan is designed to cover “standard” or “basic” eyeglass lenses and frames. There will be no coordination of benefits with any other medical, ancillary, or vision coverage plans, which are part of the Texas Employees Group Benefits Program (GBP). Dual coverage is not allowed. For example, you cannot be covered as a dependent and as the primary participant at the same time.



Frequently Asked Questions (FAQs)

Do you have questions about State of Texas VisionSM benefits? We have answers! Review the frequently asked questions below to find what you need. If you still have a question, we're happy to help.

HOW TO REGISTER ON THE MICROSITE:

Visit www.StateofTexasVision.com for more FAQs or contact us toll-free at (844) 949-2170 (TTY: 711).

As a State of Texas Vision participant, you, and each of your covered dependents over the age of 18, can create a secure account at www.StateofTexasVision.com.

To create your secure account:

1. Go to www.StateofTexasVision.com.
2. Click the **Login** button next to the search bar in the top right-hand corner.
3. On the Member Login page, click the **Create a New Account** button.
4. Complete the short form on the **Create Your New Account** page and click the **Create Account** button when finished.
5. You will have instant access to your State of Texas Vision account which includes helpful resources for managing your vision benefits.

Category – Finding an eye doctor:

How do I find an eye doctor in my network?

The [Provider Locator](#) on the State of Texas Vision website has thousands of in-network eye doctors to choose from. Filter your search to find providers near you with the brands, hours, and services you want most. You can also call State of Texas Vision and follow the prompts to search for a provider or speak to a customer service representative:

Hours

Monday – Friday: 6:30 a.m. – 10:00 p.m. CT

Saturday: 7 a.m. – 10 p.m. CT

Sunday: 10 a.m. – 7 p.m. CT

Phone

Toll-free (844) 949-2170 (TTY: 711)

I can't find a network provider near my home or office; who can I see?

You have access to several online options such as contactsdirect.com, glasses.com, lenscrafters.com, targetoptical.com and ray-ban.com. Instantly apply your in-network benefits at checkout and enjoy free shipping and

returns.

I don't see my provider in-network; how can I get them added?

There are two ways to add a provider:

1. Ask your provider to complete the online interest form on our provider website, EyeMedInfocus.com.
2. Complete and submit the provider nomination form from the **Resources** tab on www.StateofTexasVision.com

Note: EyeMed will contact any independent provider nominated to join the network. A provider's addition to the network will depend on their interest, responsiveness, and ability to meet EyeMed's contracting requirements. For providers who choose to join the EyeMed network, the process can take up to eight weeks. EyeMed is not currently adding retail chain providers at this time.

How do I know which services are offered by an EyeMed in-network provider?

All in-network providers are listed on the State of Texas Vision website, along with information about the services they offer. If you need assistance locating a provider, visit www.StateofTexasVision.com or call Customer Service toll-free at (844) 949-2170 (TTY: 711).

Category – Using your benefits:

How do I use my vision benefits?

1. Find an in-network eye doctor. Our enhanced Provider Locator has thousands of providers to choose from.
2. Schedule an appointment. Many providers allow you to schedule online. Tip: It's a good idea to call your doctor's office to make sure they accept your benefits.
3. When you arrive for your appointment, give the provider your name, date of birth and let them know you're a State of Texas Vision's EyeMed participant. They'll be able to look you up instantly. You can also show your member ID card, but you don't really need it to use your benefits. If you like, you can print an ID card by logging in to Member Web.
4. Pay for any copays and any amount above your allowance. Your provider will tell you what these amounts are.
5. If you visit an in-network provider, your eye doctor will file a claim and we'll do the rest. If you go out of network, you'll need to fill out an out-of-network claim form and follow the instructions to submit for reimbursement. Remember, your out-of-pocket costs will be higher when you use an out-of-network provider.

How do I get an ID card?

EyeMed will mail two ID cards for you and your covered dependents along with the Welcome Kit. Additional copies of your ID card can be printed from the State of Texas Vision website, www.StateofTexasVision.com, or by contacting Customer Service toll-free at (844) 949-2170 (TTY: 711).

Do I need to show my ID card to the network provider to receive services?

No. While you don't need your card, it is important that you always identify yourself as a State of Texas Vision or EyeMed participant. In-network providers will verify eligibility and benefits using the patient's name and date of birth.

Do I need to obtain an authorization number or file a claim when obtaining services from a network provider?

No, the network providers will handle the authorization and claims filing process for you.

Do my dependents need to use my personal identification number to receive benefits?

No, in-network providers will verify benefits and eligibility using the patient's name and date of birth.

Will I need a referral from my medical health plan provider to see my State of Texas Vision eye care provider?

No, referrals are not needed.

Can I go to one provider for the eye exam and another provider for eyewear?

Yes. State of Texas Vision gives you choice and flexibility to choose the provider who best matches your needs and preferences. Each provider will contact EyeMed to verify your eligibility.

What costs do I pay my in-network provider?

You pay your in-network provider any applicable copays, plus the cost of any services or materials that are not covered or exceed your benefit plan coverage.

Does the eye exam include dilation of the eyes?

Yes, dilation is included in the comprehensive vision exam at no additional cost. Dilation is not always necessary as part of a comprehensive eye exam, but when recommended by the eye care provider, it is covered as part of the eye exam. Retinal imaging is available in network for an additional cost of up to \$39.

Can I use the benefits, including the \$200 allowance, for glasses or contact lenses if my eye exam is covered through another insurance plan?

Yes. A valid prescription from any eye care provider may be used for your choice of eyeglasses (lenses and frame) or contact lenses; but not both. If you want to use your benefits for contact lenses, and your other coverage did not pay for your contact lens fitting exam, you may use your State of Texas Vision coverage for the fit and follow-up exam. Check with your provider regarding submitting claims to an additional insurance carrier.

How does the retail frame allowance work?

Your frame allowance is up to \$200. If the retail price of the frame is greater than \$200, you will pay the difference between the final retail price and \$200. If the price of the frame is less than the allowance—for example \$100—you forego any remaining allowance. You cannot use the remaining allowance for additional purchases.

What's the difference between standard and premium progressive lenses?

All progressive lenses are “no line bifocals.” Premium progressive lenses have a broader field of vision in the transition area of the lens than standard progressive lenses. Premium progressive lenses are made from premium materials such as polycarbonate or high index, while standard progressive lenses are plastic.

Note: Premium progressive lenses (in-network only) are covered up to the in-network plan payment for standard progressive lenses.

Are prescription safety glasses covered?

No, prescription safety glasses are not covered by State of Texas Vision.

Are there any limitations on the frame selection when using the discounts?

Unless otherwise prohibited by the manufacturer, the frame discount may be applied as long as you seek services from in-network providers.

Is the Contact Lens Fit and Follow-up exam an additional charge from the eye exam?

Yes, the contact lens fit and follow-up service is a separate evaluation of your eye and therefore is a stand-alone benefit. The additional copay for a contact lens fit and follow-up exam is either \$25 or \$35, depending on your needs. Details are available in the Summary of Benefits chart (p. 3-4). The contact lens fit and follow-up exam measures and examines your eyes to evaluate them for contacts.

Why do I need a contact lens fitting, and what's the difference between a standard and premium contact lens fitting?

If you choose to wear contact lenses, you will need a contact lens evaluation to determine the best type and size of lens specific to your vision needs. Based on the type of lens your eye care provider prescribes, this could be a standard or premium fitting and has an additional copay. Common examples of a premium fitting include contact lenses to correct astigmatism and bifocal contacts. Refer to your MBPD for plan details.

How can I use my elective contact lens allowance?

If you choose to wear contact lenses in lieu of glasses as your vision correction, the allowance may be used to purchase any type of prescription contact lenses. The allowance is cumulative—you can use it all at once or divide it among purchases throughout the plan year until you spend the full \$200.

What happens if I select materials and services that are NOT covered?

You will be responsible for the full amount of any materials and services that are not covered by your plan. This may include allowance overages, certain lens options or materials after you have exhausted your benefits. Based on the provider selected, additional discounts may apply.

May I use in-store specials, promotions, or coupons along with my vision plan benefit?

No. Your network benefits and discounts cannot be used in conjunction with in-store coupons, promotions, sales, or other types of discounts. If you choose to take advantage of a sale, coupon, or other in-store special—from an in-network or non-network provider—you will need to pay the provider in full and submit your itemized receipt to EyeMed Vision Care for reimbursement at the non-network amounts.

Are additional discounts available?

Yes. You are eligible for discounts off the retail charges for a variety of lens upgrades and add-ons, overages on frame allowances, and/or additional frame and lens purchases. Discounts are not insurance and may vary by provider and location. Discounts are subject to change without notice and do not apply when prohibited by the manufacturer. Be sure you identify yourself as a State of Texas Vision or EyeMed participant at the time of service to ensure you receive available discounts.

Can discounts be applied toward the purchase of prescription sunglasses, i.e., tints to a covered lens?

If you use your plan benefits for prescription sunglasses, your base lens is covered, as well as the tint to darken the lenses. Reference your Master Benefit Plan Document (MBPD) for other covered options. Please be aware, not all lens options are covered (e.g., polarized lenses). If the prescription sunglasses are an additional service fulfilled outside the insurance, applicable discounts may apply, except where prohibited by the manufacturer.

Do I need to purchase “insurance” on my glasses from the provider?

Some providers offer a warranty on broken, lost, or stolen materials. This warranty is not a covered benefit, nor is it administered by State of Texas Vision or EyeMed. Should you decide to purchase a warranty, it is at your own expense.

Can I apply Flexible Spending Account (FSA) funds to out of pocket costs after my vision benefit is applied?

Yes. A TexFlex health care flexible spending account (FSA) or a limited-purpose flexible spending account (only for Consumer Directed HealthSelectSM participants) is a great way to pay for a variety of health-related out-of-pocket expenses, including vision care. You can use FSA funds for the eye exam copay, prescription glasses or contact lenses, and supplies such as contact lens solution, even LASIK surgery. Vision care out-of-pocket costs are also eligible for Health Savings Account reimbursement, though these expenses don't count toward your annual deductible.

Can I go to a non-network provider?

Yes. You and your dependents may access services from a non-network provider. You will be reimbursed at the non-network amount shown in the Summary of Benefits chart (p. 3-4) and in the Master Benefit Plan Document (MBPD). Please remember your out-of-pocket costs are lowest when you stay in-network.

How can I use my benefit and get reimbursed from a non-network provider?

1. Verify that the provider is not in the EyeMed Insight network.
2. Schedule your appointment and pay the provider in-full for the services rendered. When you use non-network providers, your out-of-pocket costs are higher.
3. Submit a claim form with your itemized receipt to EyeMed via fax, mail or through your online account to be reimbursed up to the allowable amount as outlined in your plan details. Claim forms are available on the State of Texas Vision website.

Claim reimbursement requests submitted with complete information are typically processed within 10 business days and mailed to the member's address, provided by ERS.

Can I use my vision benefits online?

Absolutely. Instantly apply your in-network benefits at checkout at many popular online eyewear stores, with free shipping, free returns and no paperwork. Visit any of our online network options, including:

- LensCrafters
- Target Optical
- Glasses.com
- ContactsDirect
- Ray-Ban

A valid prescription within the last 12 months is required. Need an eye doctor? Find one now by visiting www.StateofTexasVision.com.

How will I be notified when I have a new Explanation of Benefits (EOB)?

After registering as instructed above, log in to your account at stateoftexasvision.com, and click on "Claims" to see your EOB. Here's how to opt-in to get notified when a new EOB is posted:

1. Log in to your account.
2. Click on "Account" tab on the upper right corner of the page.
3. Click on "View Profile".
4. Go to "Communication preferences" at the bottom of the page.
5. Click "Edit".
6. Select "Yes" in the drop-down menu under "Get Explanation of Benefits (EOBs) email notifications?".
7. Click "Submit".

How do I get an ID card replacement or extra cards?

If you lose your card or need extras for your family, you can print a replacement by following these steps:

1. Log in to your account at stateoftexasvision.com.
2. Navigate to the “Account” tab.
3. Click on the “Print my ID Card” option.

Category: Claims and dependent info

How do I see information about my dependents?

You can see eligibility, benefits, claims and account information for dependents younger than 18 years of age. However, due to privacy rules, you can't see this information for dependents ages 18 and older. They'll need to register for their own account.

How do I submit a claim?

When you visit one of our in-network eye doctors, you won't have to; we take care of all the paperwork. If you do choose to go out of network, you will need to pay during the visit and submit a [claim form](#) for reimbursement. Remember to upload an itemized paid receipt with your name included.

How do I check the status of a claim?

You can find a full list of vision claims submitted and EOBs under the [Claims](#) tab on stateoftexasvision.com.

How can I find out about my appeal rights?

You have the right to appeal your vision plan's decision. [Learn more](#) about your appeal rights.

COBRA

COBRA stands for Consolidated Omnibus Budget Reconciliation Act of 1985. It allows you and/or your dependents to keep your vision coverage under the Texas Employees Group Benefits Program (GBP) for a certain period of time after you leave employment. This is called “COBRA continuation coverage.”

Continuation of coverage under COBRA is limited to the vision benefits you had when you left employment. If you choose COBRA to continue coverage under COBRA, you will pay the full cost of your premium(s) plus a 2% administrative fee. After you leave employment, ERS will send you a COBRA Notification, election form, rate sheet, and instructions for paying your premiums. If you have questions about COBRA, please contact ERS.

Glossary of Terms

(Including eye conditions, benefit and insurance terminology, and optical definitions)

Act - The Texas Employees Group Benefits Act (Chapter 1551 of the Texas Insurance Code).

Administrator - EyeMed, in conjunction with their wholly owned subsidiary First American Administrators, the entities which provide complete service, network, or other benefits as detailed in the State of Texas Vision MBPD, as agreed by contract.

Allowable Amount - The amount the Plan Administrator considers payment in full for a particular, covered professional vision service or optical materials.

Aniridia - A medical condition in which there is a congenital or traumatically induced absence of the Iris.

Aniseikonic lenses - Used to correct aniseikonia, a condition where the images seen by each eye are different in size and/or shape.

Appeal - An administrative review by the Plan as a result of a Participant's request for the review of any denial, in whole or part, of a claim for services, reduction of benefits, or failure by the Plan to make or provide payment for covered services or benefits.

Astigmatism - A type of refractive error. Optical defect in which refractive power of any eye is not uniform in all directions (meridians). A large amount may result in headache and significant blurring of images. This condition is typically correctible through a cylindrical power included into the lens design.

Anti-reflective coating - By allowing more light into your eye, anti-reflective (AR) coatings are designed to greatly reduce reflections on your lenses that can compromise visual clarity.

Benefits Coordinator - A person employed by each employer whose Employees are eligible to participate in the GBP who provides assistance for Subscribers with GBP benefit programs, including the State of Texas Vision. ERS is the Benefits Coordinator for Retirees.

Bifocal lenses - Bifocal lenses include two different areas of vision correction, which are divided by a distinct line that sits horizontally across the lens. The top part of the lens is used for distance and the bottom part of the lens is used for closer vision.

Claim - A request for payment of benefits under this Plan.

Complaint - An expression that a Participant is concerned or dissatisfied with the

administration of the Plan, covered benefits, or experiences while seeking services.

Contact Lenses Fit and Follow-up (also called Contact Lens Exam) - The Contact Lens Fit and Follow-up (CLF) is an evaluation by an eye care provider that measures the size and shape of the cornea in order to prescribe and dispense contact lenses.

Copay or Copayment - A designated fixed amount a Participant pays for a covered vision care service; typically covers the outlined benefit in full if there are no other changes, modifications or additions to the defined service.

Dependent - an individual who is not a Subscriber and meets the eligibility requirements for the Plan as a Subscriber's dependent under the Act and Rules.

Effective Date - The date a Participant's coverage begins under the State of Texas Vision Plan.

Employee - A person eligible to participate in the GBP under the Act as an employee.

High Ametropia - An abnormal refractive condition (such as Myopia, Hyperopia, or Astigmatism) of the eye in which images fail to focus upon the retina.

Hyperopia - Also known as farsightedness, a type of refractive error. A focusing defect on which an eye is underpowered; light rays coming from a distant object strike the retina before coming to sharp focus, blurring vision. Corrected with additional optical power, which may be supplied by a plus lens (spectacle or contact

Iris - Pigmented tissue lying behind the cornea that gives color to the eye (e.g., blue eyes) and controls the amount of light entering the eye by varying the size of the pupillary opening.

Irregular Astigmatism - Astigmatism where the principal meridians are not 90 degrees apart and associated with loss of vision.

Keratoconus - when the cornea thins out and bulges like a cone. Changing the shape of the cornea brings light rays out of focus. As a result, your vision is blurry and distorted.

LASIK - Acronym for Laser in Situ Keratomileusis, a type of refractive surgery in which the cornea is reshaped to change its optical power. A disc of cornea is raised as a flap, and then an excimer laser is used to reshape the middle layer of corneal tissue, producing surgical flattening. Used for correcting Myopia, Hyperopia, and Astigmatism.

Lens add on - Any option that doesn't come with the basic lens, like scratch resistant coating,

tint and UV coating, sometimes referred to as an “option” or “upgrade.”

Lenticular lens - Used only when a significant vision correction cannot be reached with a traditional lens. This technology involves bonding one lens to the center of another to reach the correct power.

Master Benefit Plan Document (MBPD) - A comprehensive document describing the rules, conditions, limits, and definitions for State of Texas Vision. All final determinations of benefits, administrative duties and definitions are governed by the Master Benefit Plan Document (MBPD).

Medically Necessary Contact Lenses - Are provided only under certain medical conditions. These medical conditions prevent the Participant from achieving a specified level of visual acuity (performance) through the wearing of conventional eyeglasses. These contact lenses must be specifically prescribed by the eye doctor to be used for these conditions:

- High Ametropia
- Anisometropia
- Keratoconus
- Aniridia
- Irregular Astigmatism

The narrowing of visual field due to high minus or plus corrections is not considered a reason for medically necessary contact lenses.

Myopia - Also known as nearsightedness, focusing defect in which the eye has too much optical power. Light rays coming from a distant object are brought into focus before reaching the retina. Requires a minus lens correction to “weaken” the eye optically and permit distance vision.

Network - The EyeMed Insight Network, which is the group of professional providers that EyeMed contracts with to provide covered benefits for Participants enrolled in the Plan. This network includes Opticians, credentialed Optometrists, and Ophthalmologists who can provide services, eyeglasses and contacts covered under the Plan.

Network Claim - Proof of reimbursable services or materials rendered by an eye care professional or facility that is contracted with the EyeMed Insight Network. A Network Provider agrees to limit charges to a maximum amount as determined by their contract with EyeMed.

Network Provider - A select group of vision care providers or facilities with whom EyeMed has a contractual relationship to provide covered benefits to Participants for a negotiated, contracted reimbursement. Utilization of Network Providers may reduce

out-of-pocket expenses and provide savings for covered benefits and reduced administrative tasks.

Non-Network (Out-of-Network) - Refers to vision care providers or facilities with whom EyeMed does not have a contractual relationship to provide covered benefits to Participants. Utilization of Non-Network providers may result in larger amounts of out-of-pocket costs and lower realization of contracted savings.

Non-Network Provider (Out of Network Provider) - A professional provider who is not in EyeMed's Network of approved, credentialed providers.

Ophthalmologist - A physician (Doctor of Medicine, MD; or doctor of osteopathy, DO) who specializes in the medical and surgical care of the eyes and visual system and in the prevention of eye disease and injury. They can diagnose and treat refractive, medical and surgical problems related to eye diseases and disorders.

Optician - Professional who makes and adjusts optical aids (e.g., eyeglass lenses) from refraction prescriptions supplied by an Ophthalmologist or Optometrist. The Optician may also fit contact lenses in some states.

Optometrist - Doctor of optometry (OD) specializing in vision problems, treating vision conditions with glasses, contact lenses, low vision aids and vision therapy, as well as prescribing medications for certain eye diseases.

Out-of-Pocket Costs - The direct costs that individuals may pay for services not covered by insurance, including overages of benefit allowances, additional services or materials, and copays. Those enrolled in a flexible spending account (FSA) may receive reimbursement for eligible Out-of-Pocket Costs not reimbursed from another source.

Participant - An Employee, Retiree, Dependent, or other person eligible for coverage as provided under the Act while eligible for coverage and enrolled in State of Texas Vision. References to "you" and "your" throughout this Master Benefit Plan Document are references to a Participant.

Plan - the State of Texas Vision Plan.

Progressive lenses - A multifocal lens that gradually changes in lens power from the top to the bottom of the lens, eliminating the line(s) that would otherwise be seen in a bifocal or trifocal lens.

Retiree - A retired person who is eligible under the Act and the Rules to participate in the Texas Employees Group Benefits Program (GBP) as an annuitant.

Rules - the rules of the ERS Board of Trustees found at Chapter 81, Part 4, Title 34, Texas Administrative Code.

Scratch resistant coating - A common lens coating that helps reduce lens scratches.

Single vision lenses - Lenses prescribed for people who only need help seeing either far away or up close (not both). A lens that has one sphere power and / or one cylindrical power.

Subscriber - Any employee or retiree eligible to enroll in GBP, as defined by the Act, who has elected to participate in State of Texas Vision and who is not a Dependent.

Texas Employees Group Benefits Program (GBP) - The group benefits program authorized by Chapter 1551 of the Texas Insurance Code and established for Employees and Retirees and their eligible Dependents.

Trifocal lenses - Eyeglass lens that incorporate three lenses or different powers. The main portion is usually focused for distance (20 feet), the enter segment for about 2 feet, and the lower segment for near vision (14 inches).



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Vision Care Plan administered by EyeMed Vision Care

