



STATE OF TEXASSM VISION

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

Member Handbook Plan Year 2026

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), by the Employees Retirement System of Texas (ERS). EyeMed Vision Care (EyeMed) and its wholly-owned subsidiary, First American Administrators, Inc., provide the vision benefits on behalf of State of Texas Vision. EyeMed offers a comprehensive network of providers in Texas and throughout the United States. They also process vision claims, provide customer service, and access to a dedicated website.

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, 2025 – August 31, 2026).

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 the copay. The Master Benefit Plan Document (MBPD) governs all final determinations of benefits, administrative duties and definitions. You can find a copy of the MBPD online on the Resources page at www.StateofTexasVision.com.

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 ²	Up to \$100
Fit and Follow-up – Premium	\$35 copay ²	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	Up to \$45
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.

¹ Covered in full after copay is met.

² A 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.

³ Contact 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.

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

Please Note:

Medically necessary contact lenses (MNCL) are covered at no cost if purchased from an in-network provider. If purchased from a non-network provider, you may be reimbursed up to \$210. 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 eyeglass frames or contacts, 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, however you will receive 20% off any amount over the \$200 frame allowance. If 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 a 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.

You may print a copy of your ID card at no additional cost from the State of Texas Vision website, www.StateofTexasVision.com, by downloading the EyeMed mobile app, or by calling State of Texas Vision Customer Service toll-free at (844) 949-2170 (TTY: 711).

Your ID cards are part of a comprehensive Welcome Kit from EyeMed. Your Welcome Kit is customized to include a full summary of your vision benefits, a list of network providers 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 an EyeMed participant, 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. Visit 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 receive a system-generated email confirming you have successfully set up your new account.

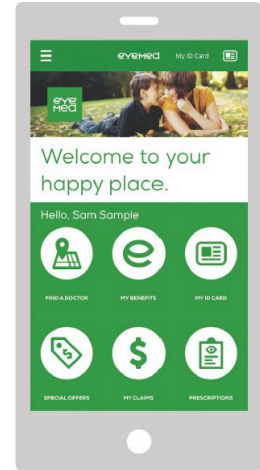
Once you have created your online account, you can login to:

- Find an in-network eye doctor with EyeMed's Provider Locator
- View your Savings Dashboard to see how much you've saved from using 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

As a State of Texas Vision participant, you can download and use the EyeMed app on your mobile device to:

- Review your benefits and eligibility
- Track your claims
- Access special offers
- Find an in-network eye doctor with the Provider Locator
- 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 to access 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.

The EyeMed app is available at the App Store or Google Play and can be downloaded by scanning the QR code from 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:

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

You can obtain products or services through any provider you choose, though you'll generally spend less out of pocket and receive greater value from 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 them 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 4 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 4 for reimbursement amounts.

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

1. Create an account at www.StateofTexasVision.com, complete the electronic claim form and submit it electronically. 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 (TTY: 711).

This information should be submitted promptly to the address below:

EyeMed Vision Care / First American Administrators, Inc.
Attn: OON Claims
P.O. 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 (\$5.07 x 12 months) (Coverage for self only)	\$60.84
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	\$85.84

Jennifer saved \$279.16 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 an eyeglass frame allowance up to \$200. 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 eyes.

Premium Contact Lens Fit and Follow-up

If you decide to start wearing contact lenses for the first time, or are a progressive contact lens wearer, 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 eyes.

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. Some providers may offer discounts if you choose eyewear that exceeds your frame allowance or contact lens benefit, or if you've used your vision 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 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 4. Any other services or materials are not covered by the plan, but may be provided at a discount if purchased using an 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 4. 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

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.



Please refer to the State of Texas Vision website resources webpage <https://member.eyemedvisioncare.com/stateoftexasvision/en-us/ersresources> for a glossary of terms regarding eye conditions, benefit and insurance terminology, and optical definitions within the Master Benefit Plan Document (MBPD), Frequently Asked Questions and COBRA coverage.



www.StateofTexasVision.com
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