

**MASTER BENEFIT PLAN
DOCUMENT FOR
STATE OF TEXAS VISIONSM**

Established by the Board of Trustees of the
Employees Retirement System of Texas (ERS)

Plan Year 2025
Effective September 1, 2024

About this Master Benefit Plan Document

State of Texas VisionSM 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 and offers a comprehensive network of providers in Texas and throughout the United States, processes vision claims, and provides customer service that includes a call center, dedicated website and more.

This Master Benefit Plan Document (MBPD) explains the vision insurance coverage for you and your eligible covered family members. It includes information regarding:

- Who is eligible for coverage;
- Summary of benefits;
- Explanation of covered benefits;
- Provider network;
- How to utilize services;
- Complaints and appeals
- Definitions; and
- Limitations and exclusions.

The Group Policy Number is 1050072 and is effective starting September 1, 2024.

This MBPD provides a description of your vision care benefits. All benefits are governed by the terms and conditions of the MBPD.

Resources at a Glance

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:	7:00 a.m. - 10:00 p.m. CT
Sunday:	10:00 a.m. - 7:00 p.m. CT
Website:	www.StateofTexasVision.com

State of Texas Vision Master Benefit Plan Document

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Definitions

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

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

Allowable Amount - The amount the Plan's third-party 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 in 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).

Eligibility for State of Texas Vision

The State of Texas Vision Plan is offered through the Texas Employees Group Benefits Program (GBP). New Employees can enroll within 31 days of their date of hire. For additional information about enrollment availability, please check with your Benefits Coordinator.

State of Texas Vision is available to Employees and Retirees who work or worked for Employers whose Employees are eligible for the GBP, and their eligible Dependents, including:

- Texas State Agencies,
- Higher Education Institutions (except UT and TAMU systems),
- Community Supervision and Corrections Department,
- Texas County and District Retirement System (TCDRS),
- Texas Municipal Retirement System (TMRS), and
- Windham School District.

Changes to enrollment for State of Texas Vision can only be made during an open enrollment period or within 31 days of a Qualifying Life Event (QLE). A list of QLEs can be found on the ERS website at www.ers.texas.gov.

Summary of Vision Benefits

The State of Texas Vision Plan offers one comprehensive eye exam per covered Participant at any time during the Plan year (Sept. 1– Aug. 31). Comprehensive 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 prevent conditions that are more serious and help you preserve your eyesight and overall health.

Frequency for all State of Texas Vision benefits is once every Plan year, per Participant. For example, if you receive your eye exam in February and wait until April to purchase glasses, the next time you are eligible for each of those services is any time during the following plan year, as long as you continue enrollment in the Plan.

Vision Care Services	Network Participant Cost	Non-Network Participant 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

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 Participants who wear 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 Plan coverage is up to the Network Plan payment for standard Progressive lenses.

Note: All allowances are at retail value; you are responsible for any charges exceeding the retail allowances, minus any available discounts.

Important Information about Your Vision Benefits

Using Network Providers generally saves you money. If you use Non-Network Providers, you will be required to pay in full and submit your itemized receipt with a Non-Network claim form to be reimbursed up to the Non-Network Allowable Amount.

- The \$200 Network allowance applies to either contacts or glasses, not both.
- The frame allowance allows you to purchase one (1) frame 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. If you purchase frames that cost less than \$200, you forfeit the remaining allowance.
- The contact lenses allowance of \$200 allows you to use the full allowance on one purchase or divide it throughout the benefit year for multiple contact lenses purchases. It is not necessary to use your entire contact lenses allowance at one time. You may receive additional pairs or boxes of contact lenses until you have exhausted your contact lenses allowance for any given Plan year. If your contact lenses purchase(s) total more than \$200, you are responsible to pay the difference.
- You may seek services from different providers, for example, an exam from an eye doctor and glasses from another provider.
- Visit the State of Texas Vision website, www.StateofTexasVision.com, for information about online Network Providers.
- Services are available once every Plan year for each covered Participant.
- Vision benefits will not be coordinated with any Texas Employees Group Benefits Program (GBP) medical plan or any other coverage.

Medically Necessary Contact Lenses (MNCL)

Coverage of medically necessary contact lenses (MNCL) are excluded under the State of Texas Vision Plan, except for the following diagnoses:

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

All claims incurred with any other MNCL diagnosis must be sent by the Participant to the Participant's medical plan for consideration and payment, if applicable, regardless of if the Participant's medical coverage is available through the 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 your health plan's master benefit plan document or other policy of your health plan.

About www.StateofTexasVision.com

State of Texas Vision has a dedicated website for enrolled Participants. The website provides information at your fingertips anywhere and anytime you have access to the Internet.

If you are enrolled in State of Texas Vision, you can create a secure account on www.StateofTexasVision.com. Detailed steps can be found in your Member Handbook.

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

- Find a Network eye doctor with EyeMed's enhanced 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
- View special offers available
- Take a look at your ID card
- Discover helpful guides, resources and FAQs
- Manage your online account, including resetting your password

Subscribers will not have visibility to claims details for enrolled spouses or Dependents over the age of 18. Enrolled Dependents may create their own secure account using the steps found in the Member Handbook.

Even if you have not created an account through the portal, some things are still available:

- Print forms, such as 'Provider Nomination' and Non-Network claim forms
- Access documents, including the Fact Sheet and Member Handbook
- Find a Network Provider

About the Mobile App

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

- View benefits and eligibility
- Track claims
- Access special offers
- Find a Network eye doctor with the Provider Locator
- Estimate Out-of-Pocket Costs before your visit

- View your ID card
- Set upcoming exam and contact lens replacement reminders
- Get answers to your FAQs
- Access interactive vision guides
- Use Facial recognition, Touch ID, and Apple Wallet for Apple users

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

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 Participants have access to the EyeMed Insight Network. Visit the State of Texas Vision website, www.StateofTexasVision.com, to find Network Providers in your area. This large and diverse Network includes independent Optometrists, Ophthalmologists, and dispensing Opticians. You also have access to retail optical chains, online providers, and LASIK discounts. The Network includes, but is not limited to, the national providers listed below:

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

Network participation by any provider cannot be guaranteed. If you or your dependents live or travel out of state, you also have access to Network Providers, including many regional eyewear retailers.

Nominate a Provider

If your independent 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 at (844) 949-2170.

The credentialing process can take up to 60 days and every effort will be made to consider your nomination. The provider's response or qualifying guidelines may impact provider participation.

Network Providers

If you use an EyeMed Insight Network Provider, you will not need to file a claim. Network Providers will submit claims to EyeMed for you. You must inform the provider that you are enrolled in State of Texas Vision prior to receiving services.

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 vision Plan discounts available.

If you are seeking services from a Network Provider, you will pay your Network Provider any applicable copay, plus the cost of services or materials that are not covered or exceed your benefit Plan coverage. A Network Provider will handle the claims filing process for you.

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

Non-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 5 of this document. If 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 5 for reimbursement amounts.

To receive reimbursement for covered services or materials provided by a Non-Network Provider, you may either:

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

Submit the claim to:
First American Administrators, Inc.
Attn: OON Claims
P.O. Box 8504
Mason, OH 45040-7111
Fax: (866) 293-7373

Claims submitted with complete information are typically processed within 10 business days and are mailed to the Participant’s address as indicated on the claim form.

Services Provided Outside the United States: If you seek vision services or see a vision provider outside of the United States, please follow the procedures for filing Non-Network claims listed above. You will be reimbursed at the Non-Network benefit level in US currency.

Glasses or Contacts (Network)

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

Glasses

If you decide to use your Plan benefits for glasses, you will pay a \$15 copay for a 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 any remaining allowance amount.

Different types of lenses have different copay amounts. The Plan provides discounted pricing for many lens options. See the Summary of Benefits for details.

Contact Lenses

If the allowance is used for contact lenses, multiple contact lens purchases are allowed throughout the Plan year up to the \$200 allowance.

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. The Plan offers a stand-alone CLF benefit that enables Participants to maximize the value of their contact lens allowance.

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 CLF. The standard CLF service includes two follow-up visits within three months. The standard CLF is covered in full following any applicable copays.
- First, you will pay a \$15 copay for a comprehensive eye exam.
- Second, you will pay a \$25 copay for a standard CLF. The standard CLF 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 or you require a more complex fit for toric gas permeable or multi-focal contact lenses, you will need a comprehensive eye exam and a premium CLF. The service includes two follow-up visits within three months. The premium CLF is covered in full following any applicable 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 CLF. The premium CLF copay includes multiple visits to find the right contact lens fit for your eye.

Your eye doctor will determine if you need prescription eyewear and will check your available benefits.

Discounts

In addition to the covered benefits outlined on page 5, when using Plan benefits with Network Providers, the Network Provider may offer additional discounts including:

- 40% off unlimited additional complete pairs of prescription glasses at any location, any time throughout the benefit year
- 20% off any remaining balance over the frame allowance
- 20% off any item not covered by the benefit, including non-prescription sunglasses

You may also choose to take advantage of a sale, coupon or other in-store special instead of Plan benefits and the discounts shown above; however, reimbursement will be at the Non-Network level.

State of Texas Vision benefits also include a nationwide network of independent refractive surgeons and partnerships with leading LASIK providers that offer discounts ranging from 15% to 50% off retail prices.

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

Other Texas Employees Group Benefits Program (GBP) insurance plans may offer eye health services, vision services, and/or product discounts. These discounts cannot be combined with State of Texas Vision benefits. For example, you can use the eye health benefits available through your health plan for an eye exam, and the vision plans available through State of Texas Vision Plan for your eyewear, but you cannot use both plans to pay for your eye exam.

After Enrollment

Two ID cards will be mailed to you. The cards are for you and your Dependents covered by the Plan. You do not need to present an ID card to receive services, Network Providers will verify your 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 at (844) 949-2170; TTY: 711.

You will also receive a Welcome Kit. Your Welcome Kit is customized to include a full summary of vision benefits, a list of Network Providers nearest to you, and information about registering for an account on the State of Texas Vision website.

NOTE: While you do not need your ID card to receive vision services from a Network Provider, it is important that you always identify yourself as a Participant of the State of Texas Vision Plan, not your medical insurance provider.

Be sure to carefully read this MBPD and your Member Handbook, both contain valuable information. If you have further questions, you may visit the State of Texas Vision website at www.StateofTexasVision.com or call State of Texas Vision at (844) 949-2170 for additional help

If You Have a Concern – Complaints and Appeals

Submitting a Complaint

When a Participant has a concern or complaint, or is dissatisfied with the administration of the plan, covered benefits, or experiences while seeking services, this is called a Complaint. Many Complaints can be solved easily and quickly by EyeMed.

If you have a complaint, follow these steps to share your experience and facilitate a timely resolution.

STEP 1: Call the State of Texas Vision toll free number at (844) 949-2170 and share your concern with the Customer Service Specialist. Be prepared to have names, times, dates, and other specific and important information.

STEP 2: If the Customer Service Specialist does not resolve your concern satisfactorily, you may request to speak with a Supervisor or Manager. While many Complaints can be resolved on the telephone, some require a more formal review. Your Customer Service Specialist will help you determine the best course of action to reach a resolution. Please note that the following types of Complaints must be submitted in writing:

- Quality of care
- Provider or office staff behavior
- Credentials or licensing

STEP 3: If you are asked to submit your Complaint in writing, you may email, write, or fax your information to EyeMed. Your written information should include the following:

- Name and identification number of the Participant asking for the review
- Name of the patient, if not the Participant
- Description of the Complaint
- All relevant dates
- Name(s) of vision care provider(s) and/or office administrative staff involved
- Details regarding the attempt(s) to resolve the problem

The written Complaint information should be sent by mail, fax, or email to:

EyeMed Vision Care
Quality Assurance
4000 Luxottica Place
Mason, OH 45050
Fax: (513) 492-3259
Email: eyemedqa@eyemed.com

A complaint must be submitted to EyeMed by or on behalf of the Participant within three (3) months of the date of treatment, event, or circumstance giving rise to the Complaint.

Once your Complaint is received, you will receive a written acknowledgement. EyeMed will research the case in detail, ask for more information if needed, and let you know in writing of the decision or the outcome of your Complaint. Correspondence and final disposition will be shared with ERS.

If you disagree with the outcome or final resolution of the Complaint, you may request a second review by writing to EyeMed at the address above.

Acknowledgement, review, and resolution will follow the same steps as noted above.

Submitting an Appeal

When a claim for services is denied in whole or part, benefits are reduced, or there is failure to make or provide payment for covered services, Participants may file for an administrative review, referred to as an Appeal.

If you have questions, contact EyeMed. You may call the toll-free number at (844) 949-2170; TTY: 711. When you call, a designated Customer Service Specialist will provide you with the steps that should be taken. Be prepared to have names, times, dates, and other specific and important information.

STEP 1: Your explanation of benefits from EyeMed will contain instructions on how to file a written Appeal with EyeMed. Your written Appeal should include the following:

- Name and identification number of the Participant asking for the review
- Name of the patient, if not the Participant
- Reason for the Appeal
- All relevant dates
- Name(s) of vision care provider(s) and/or office administrative staff involved
- Details regarding the attempt(s) to resolve the problem
- Any relevant documentation
- Your signature on your correspondence

The written Appeal should be sent by mail to:

EyeMed Vision Care
Quality Assurance
4000 Luxottica Place
Mason, OH 45050
Fax: (513) 492-3259
Email: eyemedqa@eyemed.com

Your Appeal must be postmarked within 90 days from the date on EyeMed's Explanation of Benefits.

STEP 2: EyeMed will review your Appeal and provide you with a letter of explanation regarding the outcome of the review of your Appeal. The letter will contain detailed information explaining the reason for the denial or reduction of benefits on the covered services. It will also describe how to appeal in writing to ERS if you disagree with the decision and wish to pursue further review.

STEP 3: You have 90 days after receiving a notice of EyeMed's decision to uphold their original denial to appeal to ERS. You must send a written request and provide the reasons why you disagree with the denial, and any other related information to:

**Grievance Administrator
Employees Retirement System of Texas
P.O. Box 13207
Austin, Texas 78711-3207**

ERS will request all information regarding your Appeal from EyeMed. Your Appeal will be reviewed and you will be sent a determination letter by ERS. If ERS upholds the original denial of your claim, ERS' letter will notify you if you have further appeal rights and provide you with the necessary instructions for additional steps.

Excluded Items or Services

The State of Texas Vision Plan covers items as detailed in the "Summary of Vision Benefits" found on page 5. 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.