

STATE OF TEXAS VISION

Announcing State of Texas Vision

State of Texas Vision is an optional benefit offered to all employees, retirees and their eligible dependents. Coverage begins September 1, 2016.



	In-Network	Out-of-Network ¹
Routine Eye Exam	\$25 co-pay	\$25 co-pay (covered up to \$40)
Frames	\$150 retail allowance ³	\$50 retail allowance ³
Contact Lens Fitting (Standard Fitting)	\$25 co-pay	Up to \$100 allowance ³
Contact Lens Fitting (Specialty Fitting)	\$35 co-pay	Up to \$100 allowance ³
Single Vision Lenses	\$10 co-pay	Up to \$30 allowance ³
Bifocal Lenses	\$15 co-pay	Up to \$45 allowance ³
Trifocal Lenses	\$20 co-pay	Up to \$60 allowance ³
Progressives	\$70 co-pay	Not covered
Polycarbonate	\$50 co-pay	Not covered
Scratch Coat (factory, single sided)	\$10 co-pay	Not covered
Ultraviolet Coating	\$10 co-pay	Not covered
Tint	\$10 co-pay	Not covered
Standard Anti-Reflective Coating	\$40 co-pay	Not covered
Contact Lenses² (Conventional or Disposable)	\$150 allowance ³	Up to \$100 allowance ³

¹If you use Out-of-Network providers, you will be required to pay out-of-pocket cost which will be higher. Please see the State of Texas Vision website for more information.

²Contact lenses are in lieu of eyeglass lenses and frames benefit.

³All costs and allowances are retail; you are responsible for any charges in excess of the retail allowances.

Frequencies for all State of Texas Vision plan benefits are once every twelve (12) months.

All final determinations of benefits, administrative duties, and definitions are governed by the certificate of insurance for your specific benefits. See the Master Benefits Plan Document for details.

Vision plan benefits

Enroll to start saving

You and your eligible dependents can enroll in State of Texas Vision for a small monthly premium. When using a network provider plan benefits will include

- Access to thousands of optometrists and ophthalmologists in Texas and nationwide;
- Retail providers including Walmart, Target Optical, LensCrafters and many others;
- Additional discounts for eyewear purchases and LASIK.

NOTE: The vision plan does not cover injuries or illnesses associated with your eye health.

Is your doctor in the network?

Search the provider network on the **SuperiorVision.com** website using the "Superior National" network. Additional resources will be on the State of Texas Vision website as they are available. 

If you don't see your current doctor on the list, contact Superior Vision Services, Inc at (877) 396-4128. You can nominate your doctor to be added to the network.

See your savings comparison chart

	State of Texas Vision	HealthSelect of Texas	Consumer Directed HealthSelect	Community First	KelseyCare powered by Community	Scott & White
Routine Eye Exam	\$25 co-pay	\$40 co-pay ¹	20% coinsurance ²	\$40 co-pay ³	\$15 PCP/ \$25 Specialist	\$40 co-pay
Frames	\$150 retail allowance	Not covered	Not covered	\$125 retail allowance ⁴	Not covered	Not covered
Contact Lens Fitting (Standard Fitting)	\$25 co-pay	Not covered	Not covered	\$125 allowance	Not covered	Not covered
Contact Lens Fitting (Specialty Fitting)	\$35 co-pay	Not covered	Not covered	Not covered	Not covered	Not covered
Single Vision Lenses	\$10 co-pay	Not covered	Not covered	100% covered	Not covered	Not covered
Bifocal Lenses	\$15 co-pay	Not covered	Not covered	100% covered	Not covered	Not covered
Trifocal Lenses	\$20 co-pay	Not covered	Not covered	100% covered	Not covered	Not covered
Progressives	\$70 co-pay	Not covered	Not covered	Not covered	Not covered	Not covered
Polycarbonate	\$50 co-pay	Not covered	Not covered	Not covered	Not covered	Not covered
Scratch Coat (factory, single sided)	\$10 co-pay	Not covered	Not covered	Not covered	Not covered	Not covered
Ultraviolet Coating	\$10 co-pay	Not covered	Not covered	Not covered	Not covered	Not covered
Tint	\$10 co-pay	Not covered	Not covered	Not covered	Not covered	Not covered
Standard Anti-Reflective Coating	\$40 co-pay	Not covered	Not covered	Not covered	Not covered	Not covered
Contact Lenses⁵ (Conventional or Disposable)	\$150 allowance	Not covered	Not covered	\$125 Allowance	Not covered	Not covered

All benefits listed are available annually, unless indicated, using network providers.

¹ This is for network providers only in the HealthSelect of Texas In-Area plan. Benefits differ for non-network providers and the out-of-area plan. See your health plan materials for details.

² After the deductible is met, you will pay 20% coinsurance for network providers only (40% coinsurance for non-network providers).

³ Members can go any Community First network doctor for their eye exam.

⁴ Cost savings when using OptiCare vision providers. Frame discounts are not available if the frame manufacturer prohibits the discount.

⁵ Contact lenses are in lieu of eyeglass lenses and frames benefit.

All costs and allowances are retail; you are responsible for any charges in excess of the retail allowances.

Note: Besides the eye exam, the additional offerings through the health plans are value added benefits. ERS does not guarantee the length of time that a specific value added product will be offered.

Monthly Premium

Rates effective September 1, 2016 - August 31, 2017

You only	\$6.69
You and spouse	\$13.38
You and children	\$14.38
You and family	\$21.07
Surviving spouse only	\$6.69
Surviving spouse and Children	\$14.38
Surviving children only	\$7.69

Saving with TexFlex

If you are a TexFlex participant, you can use your health care flexible spending account on eligible expenses related to your eye health. You can elect to set aside pre-tax dollars into this account.

Participation in TexFlex is voluntary, and not necessary to use State of Texas Vision, but it will save you money.

More information on this program is available on the TexFlex Flexible Spending Account website.
<http://www.texflexers.com>



You do not need your ID card to see the doctor.

Network providers will be able to access your information. On September 1, 2016, you will be able to print your ID card from the State of Texas Vision website.