ERS
Employees Retirement System of Texas

VISION INSURANCE AND COMPARISON CHART

STATE OF TEXAS VISION

Your health insurance plan covers some vision and eye health services, including an annual eye exam and treatment for diseases of the eye (see chart below).

With the exception of the Community First Health Plans HMO, GBP health plans do not cover the cost of eyeglasses or contact lenses. For this type of coverage, you and your eligible dependents can enroll in State of Texas Vision for an additional monthly premium. (Besides the eye exam, any additional vision 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.)

Administered by Superior Vision Services, State of Texas Vision covers an eye exam, contact lens fitting and other eyewear options. The plan includes an allowance for eyeglass frames or contact lenses, as well as discounts for LASIK. For a complete list of plan benefits and a list of providers, visit **StateOfTexasVision.com**.

Vision coverage comparison chart, in-network services

Listed benefits are available for the plan year period, unless indicated. Benefits differ for out-of-network providers and in the HealthSelect Secondary (Medicare) plan. See your health plan materials for details.

	State of Texas Vision	HealthSelect of Texas	Consumer Directed HealthSelect	Community First HMO	Scott and White HMO
Routine eye exam	$15 copay	$40 copay	20% coinsurance after deductible is met	$40 copay at any in-network doctor	$40 copay
Frames	$200 retail allowance	Not covered	Not covered	$125 retail allowance[1]	Not covered
Standard contact lens fitting	$25 copay	Not covered	Not covered	$125 allowance[2]	Not covered
Specialty contact lens fitting	$35 copay	Not covered	Not covered	Not covered	Not covered
Single-vision lenses	$10 copay	Not covered	Not covered	100% covered	Not covered
Bifocal lenses	$15 copay	Not covered	Not covered	100% covered	Not covered
Trifocal lenses	$20 copay	Not covered	Not covered	100% covered	Not covered
Progressives	$70 copay	Not covered	Not covered	Not covered	Not covered
Polycarbonate	$50 copay	Not covered	Not covered	Not covered	Not covered
Scratch coat (factory, single sided)	$10 copay	Not covered	Not covered	Not covered	Not covered
Ultraviolet coating	$10 copay	Not covered	Not covered	Not covered	Not covered
Tint	$10 copay	Not covered	Not covered	Not covered	Not covered
Standard anti-reflective coating	$40 copay	Not covered	Not covered	Not covered	Not covered
Contact lenses[2]	$200 allowance	Not covered	Not covered	$125 allowance	Not covered

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

[2]Contact lenses are in lieu of eyeglass lenses and frames benefits.

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