



Your health insurance plan covers some vision and eye health services, including an annual eye exam and treatment for diseases of the eye. With the exception of Community First Health Plans HMO, Texas Employees Group Benefits Program (GBP) health plans do not cover the cost of eyeglasses or contact lenses (see chart below).

You and your eligible dependents can enroll in State of Texas Vision for an additional monthly premium and low copays. Administered by Superior Vision Services, Inc., 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 www.StateOfTexasVision.com.

Vision coverage comparison chart

	State of Texas Vision	HealthSelect of Texas	Consumer Directed HealthSelect	Community First HMO	Scott & White HMO
Routine eye exam	\$15 copay	\$40 copay ¹	20% coinsurance ²	\$40 copay	\$40 copay
Frames	\$150 retail allowance	Not covered	Not covered	\$125 retail allowance ³	Not covered
Standard contact lens fitting	\$25 copay	Not covered	Not covered	\$125 allowance ⁴	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)	\$20 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 lenses⁴	\$150 allowance	Not covered	Not covered	\$125 allowance	Not covered

Unless indicated, all benefits listed are available annually using network providers.

¹This applies to HealthSelect of Texas network providers. Benefits differ for non-network providers and the HealthSelect Secondary plan. See your health plan information for details.

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

³Cost savings when using OptiCare vision providers. Frame discounts are not available if the frame manufacturer prohibits the discount.

⁴Contact lenses are in lieu of eyeglass lenses and frames benefits. The \$125 allowance is reduced when it's also used toward a contact lens fitting.

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

Note: Except for the eye exam, vision care offerings through the health plans are considered value-added benefits. Third-party administrators or carriers may discontinue or change their value-added programs at any time without notice.