

# VISION PLAN BENEFITS



With State of Texas Vision<sup>SM</sup>, you can save money on eye exams and eyewear for yourself and your family with a small monthly premium and low copays.

EyeMed Vision Care (EyeMed) and its wholly-owned subsidiary, First American Administrators, Inc., provide the vision benefits on behalf of State of Texas Vision. 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). The \$200 allowance applies to either eyeglass frames or contact lenses but not both.

## Vision coverage comparison

Participants have access to EyeMed’s INSIGHT network, which includes independent, national and regional retailers and online providers. All allowances are retail; you’re responsible for any excess charges, minus available discounts. Discounts are not funded benefits and may vary or change based on provider or manufacturer. Search the EyeMed provider network at [stateoftexasvision.com](http://stateoftexasvision.com).

Vision Care Services	In-Network Member Cost	Out-of-Network Member Reimbursement
<b>Exam services</b>		
<b>Exam</b>	\$15 copay <sup>1</sup>	Up to \$40 after \$15 copay
<b>Contact lens fit and follow-up<sup>2</sup></b>		
<b>Fit and follow-up – standard</b>	\$25 copay <sup>1</sup>	Up to \$100
<b>Fit and follow-up – premium</b>	\$35 copay <sup>1</sup>	Up to \$100
<b>Frame</b>		
<b>Frame</b>	\$200 retail allowance; 20% off amount over \$200	Up to \$75
<b>Lenses</b>		
<b>Single vision</b>	\$10 copay <sup>1</sup>	Up to \$30
<b>Bifocal</b>	\$15 copay <sup>1</sup>	Up to \$45
<b>Trifocal</b>	\$20 copay <sup>1</sup>	Up to \$60
<b>Progressive – standard<sup>3</sup></b>	\$70 copay plus bifocal \$15 <sup>1</sup>	Not covered
<b>Lens options</b>		
<b>Polycarbonate - standard</b>	\$40 copay <sup>1</sup>	Not covered
<b>Scratch coating - standard plastic</b>	\$10 copay <sup>1</sup>	Not covered
<b>Tint - solid and/or gradient</b>	\$10 copay <sup>1</sup>	Not covered
<b>UV treatment</b>	\$10 copay <sup>1</sup>	Not covered
<b>Anti-reflective coating - standard</b>	\$40 copay <sup>1</sup>	Not covered
<b>Contact Lenses</b>		
<b>Contacts - elective</b>	\$200 allowance	Up to \$200
<b>Contacts - medically necessary</b>	\$0 copay	Up to \$210
<b>Other</b>		
<b>LASIK or PRK from U.S. Laser Network</b>	15% off retail or 5% off promo price; call (800) 988-4221	Not covered
<b>Retinal imaging</b>	You are responsible for 100% of the cost, which is up to \$39 for EyeMed customers.	Not covered

<sup>1</sup> Covered in full after copay is met.

<sup>2</sup> A contact lens fit and follow-up 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.

<sup>3</sup> Standard progressives are covered in full after a \$70 copay. The \$15 bifocal copay also applies to standard progressive lenses. For premium progressive lenses (in-network only), the plan coverage is up to the in-network plan payment for standard progressive lenses.