State of Texas Vision

Presented by Superior Vision Services
Today’s topics

• About State of Texas Vision
• Provider network & nominations
• Rates
• Comprehensive eye exams
• Overview of in-network benefits
• Using out-of-network benefits
• Eligibility and enrollment
• Additional savings
• Resources
About State of Texas Vision

- National network (all 50 states)
- #1 Network in Texas\(^1\) with 6,476 provider access points\(^2,3\)
- Headquartered in Rancho Cordova, CA
- Local representation in Texas

\(^1\) 2016 NetMinder Analysis;  \(^2\) Superior Vision Data 2016;  \(^3\) Access points is defined as all providers at all locations at which covered services are offered.
Large national network

Network includes:
- Optometrists
- Ophthalmologists
- Opticians

Access to:
- Retail stores
- Internet-based providers*
- Lasik services

*Contact lens providers only

Vision plan administered by SuperiorVision™
If your provider is not currently participating in the Superior Vision network, you can nominate him or her and we will contact them to inquire about their participation.

We will have nomination forms at our enrollment tables.

All providers are subject to credentialing criteria.
Rates

When you enroll, you will pay the following rates for Plan Year 2020.

<table>
<thead>
<tr>
<th></th>
<th>Employee/ retiree</th>
<th>COBRA</th>
<th>COBRA disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>You only</td>
<td>$5.12</td>
<td>$5.22</td>
<td>$7.68</td>
</tr>
<tr>
<td>You and spouse</td>
<td>$10.04</td>
<td>$10.44</td>
<td>$15.36</td>
</tr>
<tr>
<td>You and child(ren)</td>
<td>$11.01</td>
<td>$11.23</td>
<td>$16.52</td>
</tr>
<tr>
<td>You and family</td>
<td>$16.13</td>
<td>$16.45</td>
<td>$24.20</td>
</tr>
<tr>
<td>Surviving spouse only</td>
<td>$5.12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surviving spouse and child(ren)</td>
<td>$11.01</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surviving child(ren) only</td>
<td>$5.89</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

You continue to have access to all vision benefits provided by your health plan.
Comprehensive eye exam

$15 copay
(Network Provider)

Covered up to $40
(Out-of-Network)

An annual eye exam can help identify:
• cataracts,
• glaucoma,
• macular degeneration,
• diabetes,
• hypertension, and
• high cholesterol.

Get your exam at one provider and glasses or contact lenses at another provider.
## Overview of in-network benefits

### Copays (out-of-pocket expenses)

<table>
<thead>
<tr>
<th>Service</th>
<th>In-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine eye exam</td>
<td>$15 copay</td>
</tr>
<tr>
<td>Contact lens fitting (additional)</td>
<td>$25-35 copay</td>
</tr>
<tr>
<td>Frames or contact lenses</td>
<td>$150 retail allowance</td>
</tr>
<tr>
<td>Single vision lenses (pair)</td>
<td>$10 copay</td>
</tr>
<tr>
<td>Bifocal lenses (pair)</td>
<td>$15 copay</td>
</tr>
<tr>
<td>Trifocal lenses (pair)</td>
<td>$20 copay</td>
</tr>
<tr>
<td>Standard progressives</td>
<td>$70 copay</td>
</tr>
</tbody>
</table>

Other types of standard lenses have different copay amounts. The plan covers many lens options.

Full details on in-network and out-of-network benefits are available in the member handbook from the State of Texas Vision website.

Frequency for all State of Texas Vision plan benefits is once every plan year.
### See the savings

<table>
<thead>
<tr>
<th></th>
<th>John: Using his health plan</th>
<th>Jennifer: Using a network provider</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual premium rate</strong></td>
<td><strong>$0</strong> (HealthSelectSM of Texas for self only)</td>
<td><strong>$61.44</strong> (Coverage for self only)</td>
</tr>
<tr>
<td><strong>Eye exam</strong></td>
<td><strong>$40</strong> (without health insurance eye exam)</td>
<td><strong>$15</strong> (In-network provider)</td>
</tr>
<tr>
<td><strong>Brand name frames</strong></td>
<td><strong>$150</strong></td>
<td><strong>$0</strong> (up to $150 frame allowance)</td>
</tr>
<tr>
<td><strong>Prescription Lenses</strong></td>
<td><strong>$125</strong> (Standard single vision lenses)</td>
<td><strong>$10</strong> (Standard single vision lenses)</td>
</tr>
<tr>
<td><strong>Total John paid:</strong></td>
<td><strong>$315</strong></td>
<td><strong>Total Jennifer paid:</strong></td>
</tr>
</tbody>
</table>

**Jennifer saved $228.56**

Your are responsible for any costs over the standard coverage. Out-of-network costs will be higher.
Using out-of-network providers

### Copays (out-of-pocket expenses)

<table>
<thead>
<tr>
<th>Service</th>
<th>Reimbursed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine eye exam</td>
<td>Up to $40 after a $15 copay</td>
</tr>
<tr>
<td>Contact lens fitting (additional)</td>
<td>Up to $100</td>
</tr>
<tr>
<td>Frames</td>
<td>Up to $50 retail</td>
</tr>
<tr>
<td>Contact lenses</td>
<td>Up to $100 retail</td>
</tr>
<tr>
<td>Single vision lenses (pair)</td>
<td>Up to $30</td>
</tr>
<tr>
<td>Bifocal lenses (pair)</td>
<td>Up to $45</td>
</tr>
<tr>
<td>Trifocal lenses (pair)</td>
<td>Up to $60</td>
</tr>
</tbody>
</table>

### Non-network provider

- **Eye exam**: $130
- **Brand name frames**: $150
- **Prescription Lenses**: $125
  (Standard single vision lenses)

**Total paid to provider**: $405

**Reimbursement**: $120

Less eye exam copay - $15

**Member Receives**: $105

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**Lenses**: Progressives, polycarbonate, coating, tints, and anti-reflective are NOT COVERED when using out-of-network providers.

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If you use out-of-network providers, you will be required to pay out-of-pocket costs, which will be higher. All costs and allowances are retail; you are responsible for any charges in excess of the retail allowances.
Glasses or contact lenses?

Your materials benefit is a choice of glasses or contact lenses.

**Glasses**
- $15 comprehensive eye exam copay
- Up to $150 frame allowance
- $10 copay for standard lenses

**Contacts**
- $15 comprehensive eye exam copay
- $35 new fitting/exam copay
- Up to $150 contact allowance

Your are responsible for any costs over the standard coverage. Out-of-network costs will be higher.
Eligibility and enrollment

Comprehensive vision benefits are available for employees, retirees, and eligible family members.
Resources

(877) 396-4128  TTY: 711
Monday-Friday: 7 a.m. to 8 p.m. CT, and
Saturday: 10 a.m. to 3:30 p.m. CT

Superior Vision by email:
erscontact@superiorvision.com

Superior Vision
11090 White Rock Road, Suite 175
Rancho Cordova, CA 95670
www.stateoftexasvision.com

The website contains:

- Vision benefit information,
- Provider Search, including online providers,
- Provider Nomination,
- Vision and eye health information, and
- Contact and General Information.

Enrolled members can login and:

- Create a personal account that can be used for the website and the mobile app,
- Review benefits for themselves and dependents,
- See any remaining allowance, and
- Print additional copies of their ID card.
Superior Vision mobile app is available for download on the Apple App Store and Google Play.

Enrolled members can:

- Create a personal account that can be used for the mobile app and the website,
- Locate a network provider
- Review benefits for themselves and dependents,
- See any remaining allowance, and
- View, print or email their ID card.
Thank you for watching.