

FALL ENROLLMENT VISION INSURANCE AND COMPARISON CHART



Your health insurance plan covers some vision and eye health services, including an annual eye exam and treatment for diseases of the eye. Except for Community First, GBP health plans available in 2021 do not cover the cost of eyeglasses or contact lenses.

You and your eligible dependents can enroll in State of Texas VisionSM for an additional monthly premium 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.

Unless indicated, listed benefits are available for the plan year period, which is September 1 through August 31 (instead of the calendar year). That means no matter when you sign up for the plan, your benefits reset on September 1. If you are a Medicare-eligible retiree and you disenroll during Fall Enrollment, you have until December 31 to use available benefits. **Benefits differ for out-of-network providers.** See your health plan materials for details. Does not apply to HealthSelect MA PPO; those members can see in- or out-of-network providers.

	State of Texas Vision	HealthSelect MA PPO	HealthSelect Secondary	Community First Health Plans HMO	Scott and White Care Plans HMO
Routine eye exam	\$15 copay	\$0 copay	30% coinsurance ¹	\$40 copay at any in-network doctor	\$40 copay
Frames	\$200 retail allowance ³	Not covered	Not covered	\$125 retail allowance ²	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
Standard contact lens fitting	\$25 copay	Not covered	Not covered	\$125 allowance	Not covered
Specialty contact lens fitting	\$35 copay	Not covered	Not covered	Not covered	Not covered
Contact lenses (conventional or disposable)	\$200 allowance ³	Not covered	Not covered	\$125 allowance	Not covered

¹After the deductible is met, you will pay 30% coinsurance.

²Cost savings when using OptiCare vision providers. Frame discounts are not available if the frame manufacturer prohibits the discount.

³Allowance can be used for eyeglass frames OR contact lenses.

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

Please 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. Third-party administrators or carriers may discontinue or change their value-added programs at any time without notice.