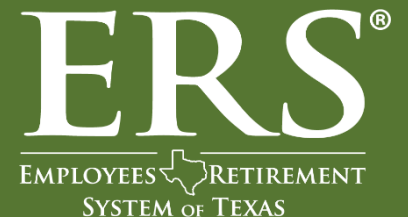




Fall Enrollment 2023

Presented by EyeMed



Today's Topics

- EyeMed Vision Care and customer service
- About State of Texas VisionSM
- Provider network and nominations
- Comprehensive eye exams
- In-network vs. out of network benefits
- Eligibility and enrollment
- Additional savings
- Resources and reminders



About EyeMed

- EyeMed Vision Care, LLC.
- National provider network (all 50 states)
- Network of more than 2,600 locations in Texas¹
- Over 70 million members nationwide
- Headquartered in Mason, Ohio
- Local representation in Texas

¹ EyeMed Custom Network (Insight +Walmart), April 2023



Customer Service

By telephone: (844) 949-2170; TTY: 711

Monday – Friday: 6:30 a.m. – 10:00 p.m. CT

Saturday: 7 a.m. – 10 p.m. CT

Sunday: 10 a.m. – 7 p.m. CT

Website:

StateofTexasVision.com

By mail:

EyeMed Vision Care

4000 Luxottica Place

Mason, OH 45040



Large National Network

- **Network includes:** Optometrists, ophthalmologists and opticians
- **EyeMed's INSIGHT network:** Includes independent providers, national and regional retail chains stores, online retailers

Retail chains include but are not limited to:

LensCrafters[®], Target Optical[®], Pearle Vision[®], Walmart[®], America's Best[®],
MyEyeDr., Texas State Optical - TSO[™]

Provider Nominations

If your independent provider is not currently participating in the EyeMed network, you can nominate him or her and we will contact them to inquire about their participation.

Provider nomination forms can be found online or by calling EyeMed.

All providers are subject to credentialing criteria.



Who can enroll?

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



Enrollment

- If you enroll during Fall Enrollment, your coverage will begin on Jan. 1.
- To continue enrollment from PY23, no action is needed from you.
- Because the plan year for your vision benefits is from Sept. 1 through Aug. 31, benefits (including the annual allowance) for all participants reset on Sept. 1.
- If you drop coverage during Fall Enrollment, you have until Dec. 31 to use any unused allowance or benefits.



How does the plan work?

- The plan year for vision benefits is Sept. 1 through Aug. 31, regardless of when you enroll in the plan.
- Plan Year 2024 began on Sept. 1, 2023 and ends on Aug. 31, 2024.
- Benefits (including the annual allowance) reset on a plan year basis.
- Use coverage through your health plan for treatment of eye diseases.



Comprehensive Eye Exam

A **comprehensive eye exam** is a routine annual examination of principal vision functions. A vision exam includes, but is not limited to, diagnosis and treatment of non-medical complaints, such as astigmatism, blurry vision or farsightedness.

An annual eye exam can help identify:

- Cataracts
- Glaucoma
- Macular degeneration
- Diabetes
- Hypertension
- High cholesterol

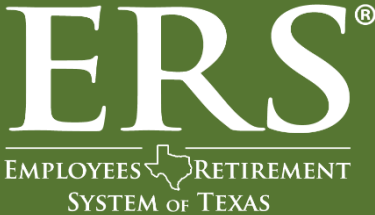


In-Network Benefits

Copays (Out-of-Pocket Expenses)	
Vision Care Services	In-Network Member Cost
Routine Eye Exam	\$15 copay
Contact Lens Fitting (Standard)	\$25 copay
Frames or Contact Lenses	\$200 retail allowance; 20% off amount over \$200
Single Vision Lenses (pair)	\$10 copay
Bifocal Lenses (pair)	\$15 copay
Trifocal Lenses (pair)	\$20 copay

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

Refer to the member handbook on the plan website for full details on in-network and out-of-network benefits. Benefits are per person, per plan year.



Glasses or Contact Lenses?

Use your benefit allowance for glasses OR contact lenses.

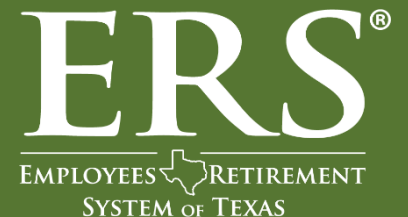
Glasses

- \$15 comprehensive eye exam copay
- Up to \$200 frame allowance (in-network)
- \$10 copay for standard single vision lenses

Contacts

- \$15 comprehensive eye exam copay
- \$25 standard fit and follow up copay
- Up to \$200 retail allowance for contacts (in-network) to be used for a single purchase or throughout the plan year

You are responsible for any costs over the standard coverage. Out-of-network costs will be higher.



Compare Costs

	In-Network Provider	Out-of-Network Provider	
Service	Member Pays Provider	Member Pays Provider	Reimbursed
Routine Eye Exam	\$15 copay	\$130	\$40 (after \$15 copay)
Standard Single Vision Prescription Lenses	\$10 copay	\$125	\$30
Brand Name Frames	\$0 (up to \$200 retail)	\$200	\$75
Total Out-of-Pocket Cost	\$25	\$455	\$145
Final cost to member	\$25	\$295	

Resources: Website

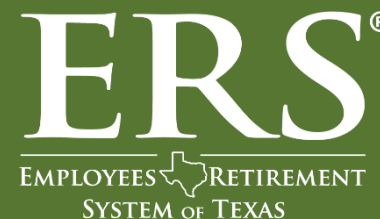
www.stateoftexasvision.com

Visit the website for:

- Vision benefit information
- Provider search tool (including online providers)
- Provider nomination form
- Information about vision and eye health
- General and contact information

Enrolled members can log in to:

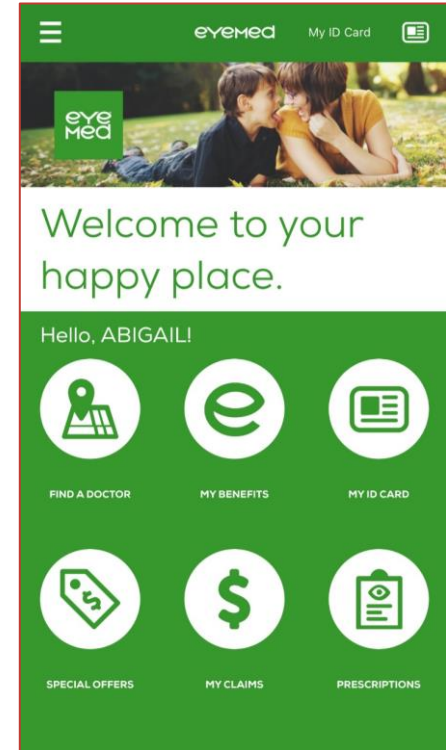
- Find an in-network eye doctor with EyeMed's enhanced Provider Locator
- View your Savings Dashboard to see how much you've saved with your benefits
- Estimate out-of-pocket costs before your visit
- Browse your vision benefits and view claims
- See available special offers
- Take a look at your ID card
- Discover helpful guides, resources and FAQs



Resources: Mobile App

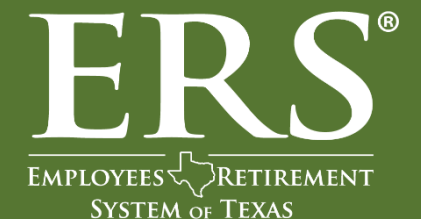
Download EyeMed's app for convenience and service on the go

- Available for both Android and Apple devices
- Includes ID card that pops up with a gentle shake of your phone



Helpful Reminders

- EyeMed began administering the plan on September 1
- Welcome kits were mailed to each enrolled subscriber's home address in August
- You do not need an ID card to use your benefits - simply provide your name and date of birth
- Register on the website prior to your visit to see if additional savings are available



STATE OF TEXAS
VISION

Thank you!

