

VISION COMPARISON CHART



Vision benefits are an easy way for you and your dependents to maintain healthy vision and eyes. With State of Texas VisionSM, 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, LLC (EyeMed) is the administrator of State of Texas Vision.

State of Texas Vision covers an eye exam and includes an allowance for eyeglass frames or contact lenses once every plan year, as well as discounts for LASIK. The plan gives you an annual \$200 retail allowance to use towards either contact lenses OR eyeglass frames in the same plan year. For example, if you use your \$200 allowance to purchase contact lenses, you won't have an allowance for eyeglass frames for the remainder of the year.

Vision coverage comparison chart, in-network services

Vision plan 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 charges in excess of the retail allowances, minus available discounts. Discounts are not funded benefits and may vary or change based on provider or manufacturer. Search the EyeMed provider network at member.eyemedvisioncare.com/stateoftexasvision.

Vision Care Services	In-Network Member Cost	Out-of-Network Member Reimbursement
Exam Services		
Exam	\$15 copay ¹	Up to \$40 after \$15 copay
Contact Lens Fit and Follow-Up²		
Fit and Follow-up – Standard	\$25 copay ¹	Up to \$100
Fit and Follow-up – Premium	\$35 copay ¹	Up to \$100
Frame		
Frame	\$200 retail allowance; 20% off amount over \$200	Up to \$75
Lenses		
Single Vision	\$10 copay ¹	Up to \$30
Bifocal	\$15 copay ¹	Up to \$45
Trifocal	\$20 copay ¹	Up to \$60
Progressive – Standard³	\$70 copay plus bifocal \$15 ¹	Not covered
Lens Options		
Polycarbonate - Standard	\$40 copay ¹	Not covered
Scratch Coating - Standard Plastic	\$10 copay ¹	Not covered
Tint - Solid and/or Gradient	\$10 copay ¹	Not covered
UV Treatment	\$10 copay ¹	Not covered
Anti-Reflective Coating - Standard	\$40 copay ¹	Not covered
Contact Lenses		
Contacts - Elective	\$200 allowance	Up to \$200
Contacts - Medically Necessary	\$0 copay	Up to \$210
Other		
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call (800) 988-4221	Not covered
Retinal Imaging	You are responsible for 100% of the cost, which is up to \$39 for EyeMed customers.	Not covered

¹ Covered in full after copay is met.

² 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.

³ 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.