



If you wear contacts or glasses, you can save money with State of Texas Vision<sup>SM</sup>. EyeMed Vision Care, LLC is the administrator of State of Texas Vision. Plan participants have access to EyeMed's INSIGHT network, which includes independent, national and regional retailers and online providers.

The State of Texas Vision covers one comprehensive eye exam at any time during the plan year (Sept. 1–Aug. 31); an annual \$200 retail allowance to use toward either eyeglass frames or contact lenses; and discounts for Lasik. Any dependent you enroll in this plan will receive each of these benefits.

## Does the plan cover eye conditions like glaucoma or cataracts?

No. Only your HealthSelect health plan covers eye conditions, eye injuries and diseases. It also covers an annual eye exam, but doesn't cover glasses or contacts like State of Texas Vision.

If you have questions, visit [StateofTexasVision.com](http://StateofTexasVision.com) or call (844) 949-2170 (TTY: 711).

## Vision Comparison Chart

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>	Up to \$45
<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, the plan coverage is up to the in-network plan payment for standard progressive lenses.