

# 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 (see chart below).

GBP health plans do not cover the cost of eyeglasses or contact lenses. For this type of coverage, you and your eligible dependents can enroll in State of Texas Vision for an additional monthly premium. (Besides the eye exam, any additional vision 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.)

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. The State of Texas Vision plan gives you an annual \$200 retail allowance to use towards either contact lenses OR eyeglasses (frames and lenses) in the same plan year. For example, if you choose to use your \$200 allowance to purchase contact lenses, you will not have an allowance for eyeglasses for the remainder of the year. For a complete list of plan benefits and a list of providers, visit [StateOfTexasVision.com](http://StateOfTexasVision.com).

## Vision coverage comparison chart, in-network services

Listed benefits are available for the plan year period, unless indicated. Benefits differ for out-of-network providers. See your health plan materials for details.

	State of Texas Vision	HealthSelect of Texas	Consumer Directed HealthSelect <sup>SM</sup>
<b>Routine eye exam</b>	\$15 copay	\$40 copay	After deductible is met: 20% coinsurance Before deductible is met: possibly the full cost of the exam
<b>Frames</b>	\$200 retail allowance in-network \$75 retail allowance out-of-network	Not covered	Not covered
<b>Standard contact lens fitting*</b>	\$25 copay	Not covered	Not covered
<b>Specialty contact lens fitting*</b>	\$35 copay	Not covered	Not covered
<b>Single-vision lenses</b>	\$10 copay	Not covered	Not covered
<b>Bifocal lenses</b>	\$15 copay	Not covered	Not covered
<b>Trifocal lenses</b>	\$20 copay	Not covered	Not covered
<b>Progressives</b>	\$70 copay	Not covered	Not covered
<b>Polycarbonate</b>	\$50 copay	Not covered	Not covered
<b>Scratch coat</b> (factory, single sided)	\$10 copay	Not covered	Not covered
<b>Ultraviolet coating</b>	\$10 copay	Not covered	Not covered
<b>Tint</b>	\$10 copay	Not covered	Not covered
<b>Standard antireflective coating</b>	\$40 copay	Not covered	Not covered
<b>Contact lenses**</b>	\$200 retail allowance in-network \$150 retail allowance out-of-network	Not covered	Not covered

\*A contact lens fitting exam has its own copay and is separate from the eye exam copay. Standard contact lens fitting applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Specialty contact lens fitting applies to new contact wearers and/or a participant who wears toric, gas permeable, or multi-focal lenses.

\*\*Contact lenses are in lieu of the eyeglass lenses and frame benefit. This allowance can be used once per plan year for either frames OR contact lenses. If you use the \$200 allowance for contact lenses, you cannot use it for eyeglass frames. All costs and allowances are retail; you are responsible for any charges in excess of the retail allowances. If you purchase your frames or contacts from an out-of-network provider, you can be reimbursed at the out-of-network rate of up to \$75 retail for frames or up to \$150 retail for contact lenses.