



# State of Texas Vision<sup>SM</sup>

Presented by Superior Vision Services

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# Today's topics



- About State of Texas Vision
- Provider network and nominations
- Rates
- Comprehensive eye exams
- Overview of in-network benefits
- Using out-of-network benefits
- Eligibility and enrollment
- Additional savings
- Resources



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# About State of Texas Vision



- National network (all 50 states)
- #1 provider network in Texas<sup>1</sup> with 8,307 provider access points<sup>2,3</sup>
- Headquartered in Rancho Cordova, CA
- Local representation in Texas



<sup>1</sup>2019 NetMinder Analysis; <sup>2</sup>Superior Vision Data 2016; <sup>3</sup>Access points is defined as all providers at all locations at which covered services are offered.

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# Large national network



## Network includes:

- Optometrists
- Ophthalmologists
- Opticians

## Access to:

- Retail stores
- Internet-based retailers
- LASIK services



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**1800 contacts®**

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# Provider nominations

A "PROVIDER NOMINATION FORM" from SuperiorVision. The form includes fields for "Your Name:", "Plan Name: State of Texas Vision", "Name of Provider:", "Street Address:", "City:", "Email address:", "Telephone: ( )", "State:", "Zip Code:", and "Date:". There are checkboxes for "Ophthalmologist (MD)", "Optometrist (OD)", and "Optician or Optical Store". A note at the bottom states: "If you have any questions regarding a provider nomination, please call Customer Service at 877.396.4128. Please note that every effort will be made to consider your nomination. However, geographical network space, provider's response, or Superior Vision's qualifying guidelines may restrict provider participation." The website "www.StateofTexasVision.com" is listed at the bottom.

If your provider is not currently participating in the Superior Vision 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 Superior Vision.

All providers are subject to credentialing criteria.

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# Rates

**Participants will pay the following rates for Plan Year 2021.**

	Employee/ retiree	COBRA	COBRA disability
You only	\$5.12	\$5.22	\$7.68
You and spouse	\$10.24	\$10.44	\$15.36
You and children	\$11.01	\$11.23	\$16.52
You and family	\$16.13	\$16.45	\$24.20
Surviving spouse only	\$5.12		
Surviving spouse and child(ren)	\$11.01		
Surviving child(ren) only	\$5.89		

**You continue to have access to all vision benefits provided by your health plan.**



# Comprehensive eye exam



**\$15 copay**  
(Network provider)

## An annual eye exam can help identify:

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



Get your exam at one provider  
and glasses or contact lenses  
at another provider.

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# Overview of in-network benefits



## Copays (out-of-pocket expenses)

Service	Reimbursed
Routine eye exam	\$15 copay / covered in full
Contact lens fitting (standard)	\$25 copay / covered in full
Frames	\$200 retail allowance
Contact lenses	\$200 retail allowance
Single vision lenses (pair)	\$10 copay / covered in full
Bifocal lenses (pair)	\$15 copay / covered in full
Trifocal lenses (pair)	\$20 copay / covered in full

Full details on in-network and out-of-network benefits are available in the member handbook from the State of Texas Vision website.

Vision plan benefits are per person, per plan year.

### Effective 9/1/2020

Increased frame & contact lens allowance (\$200)

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

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# See the savings



**John**

Using his health plan

Annual premium rate (HealthSelect <sup>SM</sup> of Texas for self only)	\$0
Eye exam copay	\$40
Brand name frames	\$200
Prescription lenses (Standard single vision lenses)	\$125
<b>Total John paid</b>	<b>\$365</b>



**Jennifer**

Using a network provider

Annual premium rate (Coverage for self only)	\$61.44
Eye exam copay (in-network provider)	\$15
Brand name frames (up to \$200 retail allowance)	\$0
Prescription lenses copay (Standard single vision lenses)	\$10
<b>Total Jennifer paid</b>	<b>\$86.44</b>

**Jennifer saved \$278.56**

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

# Using out-of-network providers



## Copays (out-of-pocket expenses)

Service	Reimbursed
<b>Routine eye exam</b>	\$15 copay / up to \$40 copay*
<b>Contact lens fitting (standard)</b>	Up to \$100
<b>Frames</b>	Up to \$75
<b>Contact lenses</b>	Up to \$150
<b>Single vision lenses (pair)</b>	Up to \$30
<b>Bifocal lenses (pair)</b>	Up to \$45
<b>Trifocal lenses (pair)</b>	Up to \$60

**Lenses:** Progressives, polycarbonate, coating, tints, and anti-reflective are **NOT COVERED** when using out-of-network providers.

### Non-network provider

Eye exam	\$130
Brand name frames	\$200
Prescription lenses (standard single vision lenses)	\$125

<b>Total paid to provider</b>	<b>\$455</b>
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<b>Reimbursed to Member</b>	<b>\$130</b>
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Eye exam reimbursement	\$40
Prescription lens reimbursement (standard single vision lenses)	\$30
Brand name frames reimbursement	\$75
Less eye exam copay	-\$15

<b>Member Receives</b>	<b>\$130</b>
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If you use out-of-network providers, you are required to pay out-of-pocket costs, which will be higher. Costs and allowances are retail; you are responsible for any charges in excess of the retail allowances and for submitting the reimbursement claim form.

\*Services are paid to the provider in full but reimbursement is up to \$40 after the \$15 copay is deducted.

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# 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 lenses

## Contacts

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

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

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# Eligibility and enrollment



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

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# Contact us



**By telephone: (877) 396-4128 TTY: 711**

Monday – Friday: 7 a.m. to 8 p.m. CT, and

Saturday: 10 a.m. to 3:30 p.m. CT

**By email:**

[erscontact@superiorvision.com](mailto:erscontact@superiorvision.com)

**By mail:**

Superior Vision

11090 White Rock Road, Suite 175

Rancho Cordova, CA 95670

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# Resources—website



**[www.stateoftexasvision.com](http://www.stateoftexasvision.com)**

**Visit [www.stateoftexasvision.com](http://www.stateoftexasvision.com) 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:**

- Create an account to access individual benefit information and the mobile app
- Review benefits for themselves and dependents
- See any remaining allowance
- Print additional copies of their ID card

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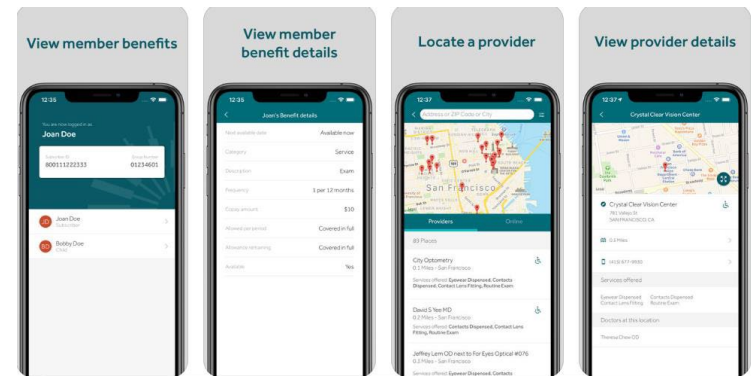
# Resources—mobile app



The Superior Vision mobile app is available for download on the Apple App Store and Google Play.

## Enrolled members can:

- Create a personal account that can be used for the mobile app and the website
- Locate a network provider
- Review benefits for themselves and dependents
- See any remaining allowance
- View, print, or email their ID card



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Thank you for watching.

