

# **MASTER BENEFIT PLAN DOCUMENT FOR STATE OF TEXAS VISION**

Established by the Board of Trustees of the  
Employees Retirement System of Texas (ERS)

Effective September 1, 2019

# ABOUT THIS MASTER BENEFIT PLAN DOCUMENT

State of Texas Vision is a self-funded plan offered through the Texas Employees Group Benefits Program (GBP) by the Employees Retirement System of Texas (ERS).

Superior Vision Services administers the vision benefits on behalf of State of Texas Vision and offers a comprehensive network of providers in Texas and throughout the United States, processes vision claims, and provides customer services that include a call center, dedicated website and more.

This Master Benefit Plan Document (MBPD) explains the vision insurance coverage for you and your eligible covered family members. It includes information regarding:

- Who is eligible for coverage;
- Summary of benefits;
- Explanation of covered benefits;
- Provider network;
- How to utilize services;
- Grievances and appeals
- Definitions; and
- Limitations and exclusions.

The Group Policy Number is 35040 and is effective starting September 1, 2019.

This MBPD provides a description of your vision care benefits. All benefits are governed by the terms and conditions of the MBPD.

## RESOURCES AT A GLANCE

### STATE OF TEXAS VISION CUSTOMER SERVICE

Toll-free: (877) 396-4128; (TTY: 711)

Monday-Friday: 7:00 a.m. to 8:00 p.m. CT

Saturday: 10:00 a.m. to 3:30 p.m. CT

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

Website: [www.StateofTexasVision.com](http://www.StateofTexasVision.com)

# STATE OF TEXAS VISION MASTER BENEFIT PLAN DOCUMENT

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# DEFINITIONS

*(Including eye conditions, benefit and insurance terminology and optical definitions)*

**Act** – The Texas Employees Group Benefits Act (Chapter 1551 of the *Texas Insurance Code*).

**Administrator** – Superior Vision, the entity which provides complete service, network, or other benefits for this MBPD as agreed by Contract.

**Allowable Amount** – The amount the Plan Administrator considers payment in full for a particular, covered professional vision service or optical materials.

**Aniridia** – A medical condition in which there is a congenital or traumatically induced absence of the iris.

**Annuitant** – A retired person who is eligible under § 1551.102 of the Act to participate in the Group Benefits Program (GBP) and meets all requirements for retirement from a state retirement program or the Optional Retirement Program.

**Appeal** – Also known as a grievance. A formal review initiated by a member of a denial, reduction or a failure to provide or make payment (in whole or in part) for a benefit. It includes a denial, reduction or failure to provide or make payment for an item or service that is based on a determination of a member's or participant's eligibility to participate in a plan.

**Astigmatism** – A type of refractive error. Optical defect in which refractive power of any eye is not uniform in all directions (meridians). A large amount may result in headache and significant blurring of images. This condition is typically correctible through a cylindrical power included into the lens design.

**Benefits** – Plan payments for Covered Vision Services, subject to the Act, the ACA, the Rules of the ERS Board of Trustees, the terms and conditions of the MBPD and any Addendums and/or Amendments.

**Benefits Coordinator** – A person employed by the Employer to provide assistance for members with various benefit programs, including the State of Texas Vision. ERS is the Benefits Coordinator for Retirees.

**Bifocals** – Eyeglass lenses that incorporate two different refractive powers in each lens, usually for near and distance corrections.

**Claim** – A request for payment of benefits under this MBPD. See also non-network claim and in network claim.

**Complaint** – A verbal or written expression of dissatisfaction with the plan, regarding any process. It does not include a misunderstanding or misinformation that is resolved promptly by supplying the appropriate information or clearing up the misunderstanding to the satisfaction of the Member.

**Contact Lens** – A thin, typically plastic lens placed directly on the surface of the eye to correct visual defects.

**Contact Lenses Fitting Fee (also called Contact Lens Exam)** – The Contact Lens Fitting (CLF) is an evaluation by an eye care provider that measures the size and shape of the cornea in order to prescribe and dispense contact lenses. A CLF fee is in addition to an eye exam.

State of Texas Vision offers a stand-alone CLF benefit that enables participants to maximize the value of their contact lens allowance.

- **Standard Contact Lens Fitting**

This fitting is for an existing contact lens user who wears disposable, daily wear or extended wear contact lenses. It includes two follow-up visits within three months. The standard CLF is covered in full following any applicable copays.

- **Specialty Contact Lens Fitting**

This fitting is for a participant who has never worn contact lenses or who requires a more complex fit for toric, gas permeable or multi-focal contact lenses. It includes two follow-up visits within three months. The specialty CLF is covered in full following any applicable copays.

**Copay or Copayment** – A designated fixed amount a participant pays for a covered vision care service; typically covers the outlined benefit in full if there are no other changes, modifications or additions to the defined service.

**Dependent** – With respect to an eligible Member, “Dependent” means the Member’s:

- **Spouse** – As recognized by applicable law, which includes only a married spouse as evidenced by a properly issued and completed marriage license or an informally married spouse whose marriage is memorialized by a Declaration of Informal Marriage and filed of record with an appropriate governmental authority. Absent clear and compelling evidence of an informal marriage existing at the time of enrollment and deemed sufficient by ERS, it is a plan design requirement that the licensed marriage or Declaration of Informal Marriage must occur, or be filed, as applicable, prior to the effective date of the Dependent spouse’s enrollment in the GBP.
- **Child** – A dependent under age 26, who is the natural child, adopted child, stepchild, legal ward, foster child, or other verifiable and qualifying definition under the Act or ERS Rules, who may be enrolled in State of Texas Vision. Documentation may need to be provided to confirm eligibility.
- **Disabled Dependent** – Any medically determinable physical or mental condition which prevents a child from engaging in self-sustaining employment; provided that the disability commences and the child was covered immediately prior to such child's attainment of age 26 and that satisfactory proof of such disability and dependency is submitted by the employee or retiree within 31 days following such child's attainment of age 26 and at such intervals thereafter as may be required by ERS, but not more frequently than annually following the child's attainment of such limiting age.
- **Over Age Dependent** – Any child who is 26 years of age or older.

**Diopter** – A unit of refractive power that is equal to the reciprocal of the focal length of a given lens.

**Effective Date** – The date the Participant’s coverage begins under State of Texas Vision.

**Enrollment Period** – A window of time during which eligible employees or retirees may add, change or terminate their vision insurance. Enrollment periods may be scheduled for specific times through the year, available due to special qualifying events, or certain employment status changes.

**Employee** – A person eligible to participate in the GBP under §1551.101 of the Act, which includes an appointed state officer, judicial officer, or Employee in the service of the state of Texas. The term also includes an eligible Employee of an institution of higher education and any persons required or permitted by the Act to enroll as Members.

**Employer** – The state of Texas and all of its agencies, certain political subdivisions or Institutions of Higher Education, as defined herein or in the Act, that employ or employed an Employee.

**Farsightedness (Hyperopia)** – A type of refractive error. A focusing defect in which an eye is underpowered; light rays coming from a distant object strike the retina before coming to sharp focus, blurring vision. Corrected with additional optical power, which may be supplied by a plus lens (spectacle or contact).

**Group Benefits Program (GBP)** – The group benefits program referenced in Chapter 1551 of the Texas Insurance Code established for employees of the state of Texas and all of its agencies, certain political subdivisions or Institutions of Higher Education.

**Grievance** – An administrative review by State of Texas Vision and Superior Vision as the result of a participant or provider expressing, in writing, dissatisfaction with the vision benefit, administration of the plan or any other concern. (See definition for Appeal.)

**High Ametropia** – An abnormal refractive condition (such as myopia, hyperopia, or astigmatism) of the eye in which images fail to focus upon the retina.

**Iris** – Pigmented tissue lying behind the cornea that gives color to the eye (e.g. blue eyes) and controls the amount of light entering the eye by varying the size of the pupillary opening.

**Irregular Astigmatism** – Astigmatism where the principle meridians are not 90 degrees apart and associated with loss of vision.

**LASIK** – Acronym for Laser in Situ Keratomileusis. It is a type of refractive surgery in which the cornea is reshaped to change its optical power. A disc of cornea is raised as a flap, and then an excimer laser is used to reshape the middle layer of corneal tissue, producing surgical flattening. Used for correcting myopia, hyperopia, and astigmatism.

**Master Benefit Plan Document (MBPD)** – A comprehensive document describing the rules, conditions, limits, and definitions for State of Texas Vision.

**Medically Necessary Contact Lenses** – Are provided only under certain medical conditions. These medical conditions prevent the participant from achieving a specified level of visual acuity (performance) through the wearing of conventional eyeglasses. These contact lenses must be specifically prescribed by the eye doctor to be used for the reason or reasons described as follows.

- Aniridia
- High Ametropia.
- Irregular Astigmatism

The narrowing of visual fields due to high minus or plus corrections is not considered a reason for medically necessary contact lenses.

**Member** – An Employee, Retiree, or other person eligible to participate in the GBP as provided under the Act and who is not a Dependent.

**Nearsightedness (Myopia)** – Focusing defect in which the eye has too much optical power. Light rays coming from a distant object are brought into focus before reaching the retina. Requires a minus lens correction to “weaken” the eye optically and permit distance vision.

**Network** – Refers to a select group of eye care providers or facilities with whom Superior Vision has a contractual relationship to provide covered benefits to participants for a negotiated contracted reimbursement. Utilization of network providers reduces out-of-pocket expenses and represents savings for covered services and reduced administrative tasks.

**Network Claim** – Proof of reimbursable services or materials rendered by an eye care professional or facility that is contracted with the Superior Vision Provider Network. A network provider agrees to limit charges to a maximum amount as determined by the Network Agreement.

**Ophthalmologist** – Is a physician (doctor of medicine, MD; or doctor of osteopathy, DO) who specializes in the medical and surgical care of the eyes and visual system and in the prevention of eye disease and injury. They can diagnose and treat refractive, medical and surgical problems related to eye diseases and disorders.

**Optician** – Professional who makes and adjusts optical aids (e.g. eyeglass lenses) from refraction prescriptions supplied by an ophthalmologist or optometrist. The optician may also fit contact lenses in some states.

**Optometrist** – Doctor of optometry (OD) specializing in vision problems, treating vision conditions with glasses, contact lenses, low vision aids and vision therapy, as well as prescribing medications for certain eye diseases.

**Non-Network** – Refers to vision care providers or facilities with whom Superior Vision does not have a contractual relationship to provide covered benefits to participants. Utilization of non-network providers may result in larger amounts out of pocket and lower realization of contracted savings.

**Non-Network Claim** – Proof of loss for costs incurred for vision services or materials rendered by an eye care professional or facility that does not participate nor is contracted with the Superior Vision Provider Network. Specific services or materials may be reimbursed to the Member according to the Schedule of Benefits found in the MBPD.

**Out-of-Pocket Expenses** – The direct costs that individuals may pay for services not covered by insurance, overages of benefit allowances, additional services or materials, and copays. Typically all out-of-pocket expenses are eligible for reimbursement for members who are enrolled in the TexFlex flexible spending account.

**Participant** – An Employee, Annuitant, or Dependent as defined in the Act, a surviving spouse or Child of a deceased Member, or any other person eligible for coverage under the Act and enrolled in any coverage offered under the GBP.

**Participating Provider** – A person or entity duly licensed or certified in accordance with applicable state and federal law or regulation to provide ophthalmic or optometric eye care, which may include optical services and materials and who has entered into a Network Provider Agreement with Superior Vision to provide “covered services” as defined in the MBPD or Member Handbook to covered participants. Participating Provider has agreed to accept contracted amounts as the offered and accepted payment in full for outlined benefits.

**Plan** – The schedule of benefits available for participants in State of Texas Vision Plan. The Plan includes in and out of network benefits, a network of contracted providers, insured services for examinations, eyeglass frames and lenses, contact lenses, and a contact lens fitting fee. Additional discounts, services, and exclusions are outlined in the MBPD.

**Plan Year** – Begins each September 1st and ends each August 31st.

**Polycarbonate Lenses** – A plastic-like material used in eyeglass lenses that, because of its inherent softness, will not shatter or break in the same way that glass or other plastic material may.

**Progressive Lenses** – Progressive power lenses are true “multifocal” lenses like bifocals or trifocals, but they provide a lineless (seamless) progression of varied lens powers for different distances.

**Retiree** – (See definition for Annuitant.)

**Single Vision** – A lens that has one sphere power and/or one cylindrical power.

**Subscriber** – Any eligible employee or retiree eligible to enroll in GBP, as defined by the Act, who has elected to participate in State of Texas Vision.

**Trifocal** – Eyeglass lens that incorporate three lenses or different powers. The main portion is usually focused for distance (20 feet), the center segment for about 2 feet, and the lower segment for near vision (14 inches).

**Verification of Benefits** – the review process that the plan uses to determine whether certain services are covered under the MBPD.

## **ELIGIBILITY FOR STATE OF TEXAS VISION**

State of Texas Vision is a benefit offered through the Texas Employees Group Benefit Program (GBP). New employees can enroll within 31 days of their date of hire. For additional information about enrollment availability, please check with your Benefits Coordinator.

State of Texas Vision is available to employees, retirees and their eligible dependents from:

- Texas State Agencies,
- Higher Education Institutions (except UT and TAMU systems),
- Community Supervision and Corrections Department,

- Texas County and District Retirement System (TCDRS),
- Texas Municipal Retirement System, and
- Windham School District.

Eligible dependents may also participate in State of Texas Vision. To enroll dependents, you (employee/retiree) must be enrolled in the State of Texas Vision Plan.

Changes to enrollment for State of Texas Vision can only be made during an open enrollment period or within 31 days of a Qualifying Live Event (QLE). A list of QLEs can be found on the ERS website at [www.ers.texas.gov](http://www.ers.texas.gov).

You may not cover:

- Ex-spouses
- Children who have reached or passed their 26<sup>th</sup> birthday, unless they are a Disabled Dependent
- Grandchildren who are not claimed on your federal income tax return
- Parents

## **COST OF COVERAGE**

PLAN YEAR 2019 (September 1, 2019 - August 31, 2020)

### MONTHLY RATES

You only	<b>\$5.12</b>
You and spouse	<b>\$10.24</b>
You and child(ren)	<b>\$11.01</b>
You and family	<b>\$16.13</b>
Surviving spouse only	<b>\$5.12</b>
Surviving spouse and child(ren)	<b>\$11.01</b>
Surviving child(ren) only	<b>\$5.89</b>

## SUMMARY OF VISION BENEFITS

State of Texas Vision offers one comprehensive eye exam per covered person during the plan year (September 1, 2019 - August 31, 2020). A comprehensive eye exam can help with early detection or subtle change with systemic diseases such as diabetes and hypertension, as well as vision issues such as cataracts and glaucoma. Proactive care from eye care professionals can help you preserve your eyesight and overall health.

*Frequency for all State of Texas Vision benefits is once every plan year, per person. For example, if you receive your eye exam in February and wait until April to purchase your glasses, you will be eligible for each of those services any time during the following plan year, if you continue enrollment in the plan.*

BENEFITS	NETWORK	NON-NETWORK
Exam	<b>\$15 copay<sup>1</sup></b>	Up to \$40 after \$15 copay
Contact lens fitting (standard <sup>2</sup> )	<b>\$25 copay<sup>1</sup></b>	Up to \$100 retail
Contact lens fitting (specialty <sup>2</sup> )	<b>\$35 copay<sup>1</sup></b>	Up to \$100 retail
Lenses (standard) per pair:		
<ul style="list-style-type: none"> <li>• Single vision</li> </ul>	<b>\$10 copay<sup>1</sup></b>	Up to \$30 retail
<ul style="list-style-type: none"> <li>• Bifocal</li> </ul>	<b>\$15 copay<sup>1</sup></b>	Up to \$45 retail
<ul style="list-style-type: none"> <li>• Trifocal</li> </ul>	<b>\$20 copay<sup>1</sup></b>	Up to \$60 retail
Lens Options (standard):		
<ul style="list-style-type: none"> <li>• Progressive</li> </ul>	<b>\$70 copay<sup>1</sup></b>	Not covered
<ul style="list-style-type: none"> <li>• Polycarbonate</li> </ul>	<b>Up to \$50 copay<sup>1</sup></b>	Not covered
<ul style="list-style-type: none"> <li>• Scratch coat</li> </ul>	<b>Up to \$10 copay<sup>1</sup></b>	Not covered
<ul style="list-style-type: none"> <li>• Ultraviolet coat</li> </ul>	<b>Up to \$10 copay<sup>1</sup></b>	Not covered
<ul style="list-style-type: none"> <li>• Tints, solid or gradient</li> </ul>	<b>Up to \$10 copay<sup>1</sup></b>	Not covered
<ul style="list-style-type: none"> <li>• Anti-reflective coat</li> </ul>	<b>Up to \$40 copay<sup>1</sup></b>	Not covered
Frames or Contact Lenses <sup>3</sup>	<b>\$150 retail allowance<sup>4</sup></b>	Up to \$50 or Up to \$100 retail <sup>5</sup>

*All allowances are at retail value; participant is responsible for any amount over the allowance, minus available discounts.*

<sup>1</sup> Covered in full after copay is met.

<sup>2</sup> 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.

<sup>3</sup> Contact lenses are in lieu of eyeglass lenses and frame benefit. This allowance can be used once

every plan year.

<sup>4</sup>All costs and allowances are retail; you are responsible for any charges in excess of the retail allowances.

<sup>5</sup>Up to \$50 retail reimbursed for non-network frames or up to \$100 retail reimbursed for non-network contact lenses.

State of Texas Vision, as administered by Superior Vision Services, is ultimately responsible for paying benefits as described in this MBPD. All final determinations of benefits, administrative duties, and definitions are governed by this MBPD.

## **IMPORTANT INFORMATION ABOUT YOUR BENEFITS**

- Using network providers saves you money. If you use non-network providers, you will be required to pay in full which will result in higher out-of-pocket costs. You will also need to submit your itemized receipt with a non-network claim form in order to be reimbursed up to the allowable amount.
- The \$150 allowance is for either contacts or glasses; not both.
  - The frame allowance allows you to purchase one (1) frame up to \$150 with no out-of-pocket cost. If you purchase a frame that costs more than \$150, you are responsible to pay the difference. Should you purchase frames that are under \$150, you will forfeit the remaining allowance.
  - The contact lens allowance of \$150 allows you to choose to use the full allowance on one purchase or divide it throughout the benefit year for multiple contact lens purchases. It is not necessary to use your entire contact lens allowance at one time. You may receive additional pairs or boxes of contact lenses until a) one year has passed from the date of your first purchase, or b) you have exhausted your contact lens allowance for any given plan year. If your contact lens purchase(s) total more than \$150, you are responsible to pay the difference.
- Your in-network benefits and discounts cannot be used in conjunction with coupons, promotions, sales or other types of discounts. If you choose to take advantage of a sale, coupon or other in-store special—from an in-network or out-of-network provider—you will need to pay the provider in full and submit your itemized receipt to Superior Vision for reimbursement at the out-of-network rates.
- You may seek services from different providers; for example, an exam from an eye doctor, and glasses from another provider.
- Visit the State of Texas Vision website, [www.StateofTexasVision.com](http://www.StateofTexasVision.com), for information about online network providers.
- Services are available once every plan year (per covered person).
- Vision benefits will not be coordinated with any Texas Employees Group Benefits Program (GBP) medical plans or any other coverage.

**PLEASE NOTE:**

Beginning September 1<sup>st</sup>, 2019, coverage of medically necessary contact lenses (MNCL) will be excluded under the State of Texas Vision plan for actives, retirees and their dependents, except for the following diagnoses:

- Aniridia
- High Ametropia
- Irregular Astigmatism

All claims received with any other diagnosis for MNCL will need to be sent to the participants medical provider for evaluation and payment. This is regardless of the participants medical coverage status or if they have medical coverage through the GBP.

- If you need treatment for disease or trauma to the eye, follow the guidelines of your medical coverage. For glaucoma treatment and other diseases of the eye, you will need to use your health plan benefits and health plan network. Consult the Master Benefit Plan Document or other policy of your health plan. You should still have access to your health plan benefits, even though you are in the State of Texas Vision plan.

## **ABOUT WWW.STATEOFTEXASVISION.COM**

State of Texas Vision has a dedicated website for enrolled participants. The website provides information at your fingertips anywhere and anytime you have access to the Internet.

As a State of Texas Vision member, you can create a secure account on [www.StateofTexasVision.com](http://www.StateofTexasVision.com). Detailed steps can be found in your Member Handbook.

Once you have created your online account, you can login to:

- View benefits and eligibility for you and your dependents
- Check your allowance balance and if a benefit has been used or is available
- See the next available date you can use a benefit
- Print your ID card
- Manage your online account, including resetting your password

Even if you have not created an account through the portal, some things are still available:

- Print forms, such as Nominate a Provider and Non-Network Claim forms
- Access documents, including the Fact Sheet and Member Handbook
- Find a network provider

*Please note that secure accounts are available only for the primary account holder—also called the subscriber. Separate accounts for dependents are not available at this time.*

## ABOUT THE MOBILE APP

State of Texas Vision participants can use the Superior Vision app on their mobile device to:

- Login with your username and password for your online account on [www.StateofTexasVision.com](http://www.StateofTexasVision.com). If you don't have one, you can create an online account in the app or on the website. Either way, you will have one username and password you can use to access your account on the mobile app and the State of Texas Vision website.
- Locate a Superior National network provider—and get directions or call the provider from the app
- Review your vision benefits and the benefits of any dependents
- See which vision benefits you have used and which benefits are currently available
- View, print or email your State of Texas Vision member ID card

The Superior Vision app is available for iOS, iOS X, and Android and can be downloaded at:

- Apple App Store: <https://itunes.apple.com/app/id1321859595>
- Google Play: <https://play.google.com/store/apps/details?id=com.superior.vision>

## PROVIDER NETWORK

Your vision benefits are offered through a Preferred Provider Organization (PPO) plan. Superior Vision has “network” providers (those with whom Superior Vision has a PPO contract) and “non-network” providers (no PPO contract). This means that you can obtain products or services through any provider you choose, though you'll generally spend less out of pocket and receive greater value for your benefits by seeking services from a network provider.

State of Texas Vision participants have access to the Superior National network which is made up of more than 90,000 provider access points nationwide. Visit the State of Texas Vision website, [www.StateofTexasVision.com](http://www.StateofTexasVision.com), to find network providers in your area.

This large and diverse network includes independent optometrists, ophthalmologists, and dispensing opticians. You also have access to retail optical chains, Internet-based providers, and Lasik discounts. The network includes:

- ContactsDirect.com
- Costco Optical
- LensCrafters
- Pearle Vision
- Sam's Club Optical
- Sears Optical
- Target Optical
- Texas State Optical (TSO)
- Visionworks
- Walmart Vision Center

## NOMINATE A PROVIDER

If your eye care provider does not participate in the Superior National network, you may nominate him or her by submitting a Provider Nomination form or calling State of Texas Vision Customer Service at (877) 396-4128.

The credentialing process can take up to 60 days and every effort will be made to consider your nomination. However, the provider's response, geographical network space or qualifying guidelines may restrict provider participation.

## NETWORK PROVIDERS

Utilizing a network provider is easy and maximizes your benefits. You simply pay your copays, plus any services or materials that are not covered or exceed your benefit plan coverage.

If you use a Superior National network provider, you will not need to file a claim. Network providers will submit claims to Superior Vision for you. **You must inform the provider that you are enrolled in State of Texas Vision prior to receiving services.**

If you have questions about the amount the provider is asking you to pay:

- Remember to identify yourself or your dependent as a State of Texas Vision or Superior Vision participant.
- Confirm the provider participates in the Superior National network.
- Remember to ask about any discounts available.

You are responsible for paying your provider at the time of service for all copays, non-covered items and/or any amount over the benefit allowance.

If you are seeking services from a network provider and not using a coupon or other promotion, you should not pay in full for your services. The provider will take care of filing the claims and should only ask for your copays and payment for other non-covered items.

You do not need your ID card to access benefits, although it does have information that helps the provider file your claim. **However, if you do not show your ID card, you are responsible for informing your provider—prior to receiving services—that you are a State of Texas Vision or Superior Vision participant in order to access your vision benefits.**

## NON-NETWORK PROVIDERS

You and your dependents may access services from a non-network provider. You will be reimbursed at the non-network amount shown in this Master Benefit Plan Document (MBPD).

First, verify that the provider you wish to see is not in the network. Then, schedule your appointment and pay the provider in full for the services rendered. When you use non-network providers, you will pay higher out-of-pocket costs. Refer to the Summary of Benefits chart on page 10 for reimbursement amounts.

In order to pay benefits for covered services or materials provided by a non-network provider, you must furnish written proof of loss by submitting a completed claim form and your itemized receipt to Superior Vision. The documents should be sent via fax, email or mail within 180 days from the date of service to be reimbursed up to the allowable amount.

Claim forms are available on the State of Texas Vision website [www.StateofTexasVision.com](http://www.StateofTexasVision.com) or by contacting Customer Service at [erscontact@superiorvision.com](mailto:erscontact@superiorvision.com) or (877) 396-4128.

Mailing Address: State of Texas Vision  
c/o Superior Vision  
Attn: Claims  
P.O. Box 967  
Rancho Cordova, CA 95741

Fax: (916) 852-2290

Physical Address: Superior Vision  
11090 White Rock Road, Ste. 175  
Rancho Cordova, CA 95670

Claim reimbursement requests submitted with complete information typically are processed within 10 business days and are mailed to the participant's address as provided by ERS.

## **GLASSES OR CONTACTS**

Plan benefits include an allowance of up to \$150 to pay for either eyeglasses or contact lenses, but not both. Participants are responsible for any additional expenses above the \$150 allowance. The allowance will only be allowed once every plan year for each covered individual.

### **GLASSES**

If you decide to use the benefits for glasses, you will pay a \$15 copay for a basic comprehensive eye exam, which includes dilation, if recommended by the eye care provider.

You will have an up to \$150 allowance for your frames. If the frames you select are less than \$150, you will forfeit any remaining allowance amount.

Different types of lenses have different copay amounts. The plan covers many lens options. See the Summary of Benefits on page 10 for details.

### **CONTACTS**

#### **STANDARD CONTACT LENS FITTING EXAM**

If you currently wear disposable, daily wear or extended wear contact lenses, you will need a comprehensive eye exam and a *standard* contact lens fitting exam. This means you will pay two copays.

- First, you will pay a \$15 copay for a comprehensive eye exam.
- Second, you will pay a \$25 copay for a *standard* contact lens fitting exam. The contact lens fitting fee includes multiple visits to find the right contact lens fit for your eye.

## **SPECIALTY CONTACT LENS FITTING EXAM**

If you decide to start wearing contact lenses for the first time, you will need a comprehensive eye exam and a *specialty* contact lens fitting exam. This means you will pay two copays.

- First, you will pay a \$15 copay for a comprehensive eye exam.
- Second, you will pay a \$35 copay for a new or *specialty* contact lens fitting exam. The contact lens fitting fee includes multiple visits to find the right contact lens fit for your eye.

Your eye doctor will determine if you need prescription eyewear. They will also look up your benefits to see if you are eligible for glasses or contact lenses.

Remember the value of your vision benefits will be maximized by seeking services from a network provider.

## **DISCOUNTS**

Discounts are available from select providers on your insured services when selecting lens options, upgrades or add-ons not covered by your plan. Be sure to ask your provider about any additional discounts for non-covered items.

State of Texas Vision participants may receive additional discounts on glasses covered under the benefit, including 20% off any amount that exceeds the frame allowance or lens benefit.

Should you wish to purchase additional exams or materials after your insurance has been used, you can receive discounts ranging from 10% to 30% from select network providers who offer discounts.

State of Texas Vision benefits also include a nationwide network of independent refractive surgeons and partnerships with leading LASIK networks that offer participants discounts ranging from 15% to 50% off of retail prices.

Discounts for LASIK are provided at the time services are rendered. There are no filed claims or reimbursements direct to the participant.

Discounts are provided by select network providers. Discounts may vary by provider and location. Please contact your provider before your visit to verify their participation in the discount features as some providers do not. Discounts are subject to change without notice and do not apply when prohibited by the manufacturer.

Other GBP insurance plans offer vision services and product discounts. These discounts cannot be combined with State of Texas Vision. For example, you can use the vision discounts that your health or dental plan offers, but you cannot combine those discounts with State of Texas Vision discounts and services.

## **AFTER ENROLLMENT**

One ID card will be sent to you by your effective date. The card is for you and your dependents covered by the plan. Additional copies of your ID card are available at no cost from the State of Texas Vision website, [www.StateofTexasVision.com](http://www.StateofTexasVision.com), or by calling State of Texas Vision Customer Service at (877) 396-4128, or (TTY: 711).

The ID card provides helpful information for the provider to reference regarding your benefits. While

you do not need your card to receive services from a network provider, **you and your dependents must always identify yourself as a State of Texas Vision or Superior Vision participant prior to receiving services in order to access your vision benefits.**

Be sure to thoroughly read your Member Handbook and this MBPD. Both contain valuable information. If you have further questions, you may visit the State of Texas Vision website at [www.StateofTexasVision.com](http://www.StateofTexasVision.com); email [erscontact@superiorvision.com](mailto:erscontact@superiorvision.com); or call State of Texas Vision at (877) 396-4128 for additional help.

## **IF YOU EXPERIENCE A PROBLEM**

### **SUBMITTING A COMPLAINT**

When a participant has a concern, complaint or dissatisfaction regarding the administration of the plan, covered benefits, or experiences while seeking services, this is called a complaint. Many complaints can be solved easily and quickly. Complaints are reviewed by the plan administrator, Superior Vision.

Following the steps below will allow you to share your experience and facilitate a timely resolution.

**STEP 1:** Call the State of Texas Vision toll free number (877) 396-4128 and share your concern with the Customer Service Specialist. Be prepared to have names, times, dates and other specific and important information.

**STEP 2:** If the Customer Service Specialist does not resolve your concern satisfactorily, you may request to speak with a Supervisor or Manager. While many complaints can be resolved on the telephone, some do require a more formal review. Your Customer Service Specialist will help you determine the best course of action for a satisfactory resolution. Please note that the following complaints must be submitted in writing:

- Quality of care
- Provider or office staff behavior
- Credentials or licensing

**STEP 3:** If you are asked to submit your complaint in writing, you may email, write or fax your information to Superior Vision. Your written information should include the following:

- Name and identification number of the participant asking for the review,
- Name of the patient, if not the subscriber,
- Description of the complaint,
- All relevant dates,
- Name(s) of vision care provider(s) and/or office administrative staff involved, and
- Details regarding the attempt(s) to resolve the problem.

The written complaint information should be sent by mail, fax or email to:

Mail: State of Texas Vision  
c/o Superior Vision Services, Administrators  
Member Services Department  
Superior Vision Services, Inc.  
P.O. Box 967  
Rancho Cordova, CA 95741  
Fax: (916) 852-2290  
Email: [ersfirst@superiorvision.com](mailto:ersfirst@superiorvision.com)  
Physical Address: Superior Vision  
11090 White Rock Road, Ste. 175  
Rancho Cordova, CA 95670

A complaint should be submitted to Superior Vision by or on behalf of the participant within three (3) months of the date of treatment, event or circumstance giving rise to the complaint.

Once your correspondence is received, you will receive an acknowledgement. Superior Vision will research the case in detail, ask for more information as needed, and let you know in writing of the decision or the outcome of the review into your complaint. Correspondence and final disposition will be shared with designated representatives of the GBP.

Should you disagree with the outcome or final resolution of the complaint, you may request a second review by writing to the Plan Administrator at the address above. Acknowledgement, review, and resolution will follow the same steps as noted above.

## **SUBMITTING AN APPEAL**

When a claim for services is denied in whole or part, benefits are reduced, or there is failure to make or provide payment for covered services, participants may file for an administrative review, referred to as an appeal. Appeals may also be called 'grievances.'

**STEP 1:** Contact Superior Vision the Plan Administrator for State of Texas Vision. You may call the toll free number (877) 396-4128 or submit your request in writing. (See mailing address in Step 3 below.) When you call, a designated Customer Service Specialist will provide you with the steps that should be taken. Be prepared to have names, times, dates and other specific and important information.

**STEP 2:** Superior Vision will review your appeal and provide you with a letter of explanation regarding the outcome of the reconsideration of the claim. The letter will contain detailed information explaining the reason for the denial or reduction of benefits on the covered services. It will also describe how to appeal, in writing, to ERS if you disagree with the decision and wish to pursue further review.

**STEP 3:** If your appeal falls within the ERS grievance process, your letter of explanation from Superior Vision will state you have 90 calendar days to file a written appeal with ERS. Your written appeal should include the following:

- Name and identification number of the participant asking for the review,
- Name of the patient, if not the subscriber,

- Description of the appeal,
- All relevant dates,
- Name(s) of vision care provider(s) and/or office administrative staff involved,
- Details regarding the attempt(s) to resolve the problem,
- Any relevant documentation, and
- Be sure to sign your correspondence.

The written appeal should be sent by mail to:

Mail: Employees Retirement System of  
Texas Attn: Grievance Administrator  
P.O. Box 13207  
Austin, TX 78711-3207

You may lose your right to appeal if your appeal is not postmarked within 90 days from the date of Superior Vision's letter of explanation.

**STEP 4:** ERS will request all information regarding your appeal from Superior Vision. Your appeal will be reviewed and you will be sent a determination letter by certified mail. If your appeal is still denied, ERS' letter will notify you if you have further appeal rights and provide you with the necessary instructions for additional steps.

## **ITEMS OR SERVICES NOT COVERED (EXCLUSIONS)**

While State of Texas Vision offers a variety of vision benefits, there are a few materials, services, and treatments that are generally not covered, or have limitations to their coverage. We do offer discounts on many of these items. Please check with your network provider regarding any available discounts they may offer.

### **ITEMS OR SERVICES EXCLUDED OR HAVE LIMITED COVERAGE**

- Non-prescription (plano) lenses of any kind, sunglasses, or contact lenses,
- Any lens materials other than standard polycarbonate, scratch coating, ultraviolet coating, tints or other solid gradients, and anti-reflective coating,
- Any special lens feature or treatment such as prisms, slab off, faceted, oversize lens greater than 61mm, polished bevel, groove, drill mount, notch, roll and polish,
- Non-standard progressive lenses (Though standard progressive lenses are a covered benefit, the provider will apply the retail charge for standard progressive lenses against the retail charge for the progressive lenses you selected. You are responsible for paying the provider the difference),
- Replacement of broken, lost, or damaged frames and/or lenses,
- Orthoptics, vision training, and developmental vision procedures,
- Experimental or non-conventional treatment or device,
- Medical or surgical treatment of the eyes,
- Frame or lens cases,

- Post-cataract lenses (intra-ocular),
- Subnormal or low vision aids,
- Safety eyewear,
- Eye examination or corrective eyewear required by an employer as a condition of employment,
- Services or materials when covered under workers' compensation or similar third party coverage,
- Additional frame purchases when full retail allowance is not used,
- Services or materials rendered by a provider other than an ophthalmologist, optometrist, or optician acting within the scope of his or her license,
- Any additional services or procedures outside of a routine eye exam and contact lens fitting,
- Services or supplies for the treatment of an occupational injury or sickness which are paid under a Worker's Compensation plan,
- Laminated lenses,
- Any service or supply that is covered in whole or in part by a plan provided or sponsored by GBP,
- Services or materials rendered after the date a participant ceases to be covered by the benefits plan except when vision materials ordered before coverage ended are delivered AND the corresponding services are provided to the participant within 31 days of the initial order regardless of optical necessity, and
- Benefits are not available more frequently than that which is specified in this Master Benefit Plan Document (MBPD).

## **ADDITIONAL LIMITATIONS OF THE PLAN**

The Contact Lenses benefit is paid in lieu of Eyeglass Lenses and a Frame. A State of Texas Vision participant is eligible to receive benefits under the Eyeglass Lenses benefit and the Frame benefit the following plan year.

The Eyeglass Lenses benefit and the Frame benefit is paid in lieu of the Contact Lenses benefit. A State of Texas Vision participant is eligible to receive benefits under the Contact Lenses benefit the following plan year.

This Plan is designed to cover "standard" or "basic" eyeglass lenses and frames.

There will be no coordination of benefits with any other medical, ancillary, or vision coverage with plans which are part of the GBP.

Benefit eligible members living in one household must select one family member to carry benefit coverage. Dual coverage will not be allowed. For example, you cannot be covered as a dependent and as the primary member at the same time.

A member whose coverage is voluntarily or involuntarily terminated and returns to the plan within the same plan year (September 1 – August 31) will still be subject to the plan frequency requirements (once per plan year, per participant).