STATE OF TEXAS VISION

STATE OF TEXAS VISION

A vision plan for participants in the
Texas Employees Group Benefits Program (GBP)
Administered by Superior Vision Services, Inc.

Member Handbook

Plan Year 2021

Vision plan administered by SuperiorVision™

WELCOME TO STATE OF TEXAS VISION!

GUIDING YOU TO WHAT'S RIGHT FOR YOU

A vision plan is an important component for overall health and wellness.

State of Texas Vision is a self-funded plan offered through the Texas GBP and is administered by Superior Vision Services, Inc. (Superior Vision). The plan offers members a dedicated website, vision claims processing and a call center.

Superior Vision offers a comprehensive network of providers in Texas and throughout the United States.

This Member Handbook will take you through the details of understanding and using your vision plan benefits. Please take a minute to familiarize yourself with the benefits, network and additional resources available to State of Texas Vision members.

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

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SUMMARY OF VISION BENEFITS

The State of Texas Vision plan offers one comprehensive eye exam per covered person at any time during the plan year (September 1, 2020 – August 31, 2021). Eye exams can provide early detection of, or subtle changes with systemic diseases such as diabetes and hypertension, as well as vision issues such as cataracts and glaucoma. Proactive care can help you preserve your eyesight and overall health.

BENEFITS	NETWORK	NON-NETWORK
Exam	**$15 copay[1]**	Up to $40 after $15 copay
Contact lens fitting (standard[2])	**$25 copay[1]**	Up to $100 retail
Contact lens fitting (specialty[2])	**$35 copay[1]**	Up to $100 retail
Lenses (standard) per pair:		
• Single vision	**$10 copay[1]**	Up to $30 retail
• Bifocal	**$15 copay[1]**	Up to $45 retail
• Trifocal	**$20 copay[1]**	Up to $60 retail
Lens Options (standard):		
• Progressive	**$70 copay[1]**	Not covered
• Polycarbonate	**Up to $50 copay[1]**	Not covered
• Scratch coat	**Up to $10 copay[1]**	Not covered
• Ultraviolet coat	**Up to $10 copay[1]**	Not covered
• Tints, solid or gradient	**Up to $10 copay[1]**	Not covered
• Anti-reflective coat	**Up to $40 copay[1]**	Not covered
Frames or Contact Lenses[3]	**$200 retail allowance[4]**	Up to $75 or Up to $150 retail[5]

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

[1] Covered in full after copay is met.

[2] 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.

[3] Contact lenses are in lieu of eyeglass lenses and frame benefit. This allowance can be used once every plan year.

[4] All costs and allowances are retail; you are responsible for any charges in excess of the retail allowances.

[5] Up to $75 retail reimbursed for non-network frames or up to $150 retail reimbursed for non-network contact lenses.

All final determinations of benefits, administrative duties, and definitions are governed by the Master Benefits Plan Document (MBPD). You can find a copy of the MBPD on the plan website.

FIND A NETWORK PROVIDER AT www.StateofTexasVision.com

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 $200 allowance is for either contacts or glasses not both.
    - The frame allowance allows you to purchase one (1) frame up to $200 with no out-of-pocket cost. If you purchase a frame that costs more than $200, you are responsible for paying the difference. Should you purchase frames that are under $200, you will forfeit the remaining allowance.
    - The contact lens allowance of $200 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 any time during the plan year. If your contact lens purchase(s) total more than $200, you are responsible for paying 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 a doctor, and glasses from another provider.
- Visit the State of Texas Vision website, www.StateofTexasVision.com, for information about online, network providers for glasses and contact lenses.
- Services are available the entire plan year (per covered person).
- Vision benefits will not be coordinated with any Texas GBP medical plans or any other coverage.
- 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 MBPD for your health plan. Whether or not you sign up for the vision plan, you will still have access to your health plan benefits.

PLEASE NOTE:

Beginning September 1, 2020, coverage of medically necessary contact lenses (MNCL) will be covered in full up to $210 under the State of Texas Vision plan for actives, retirees and their dependents.

ID CARD

One ID card will be mailed 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 or by calling State of Texas Vision Customer Service at (877) 396-4128; TTY: 711.

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

NOTE: While you do not need your card to receive services from a network provider, it is important that you always identify yourself as a member of State of Texas Vision or Superior Vision, not your medical insurance provider.

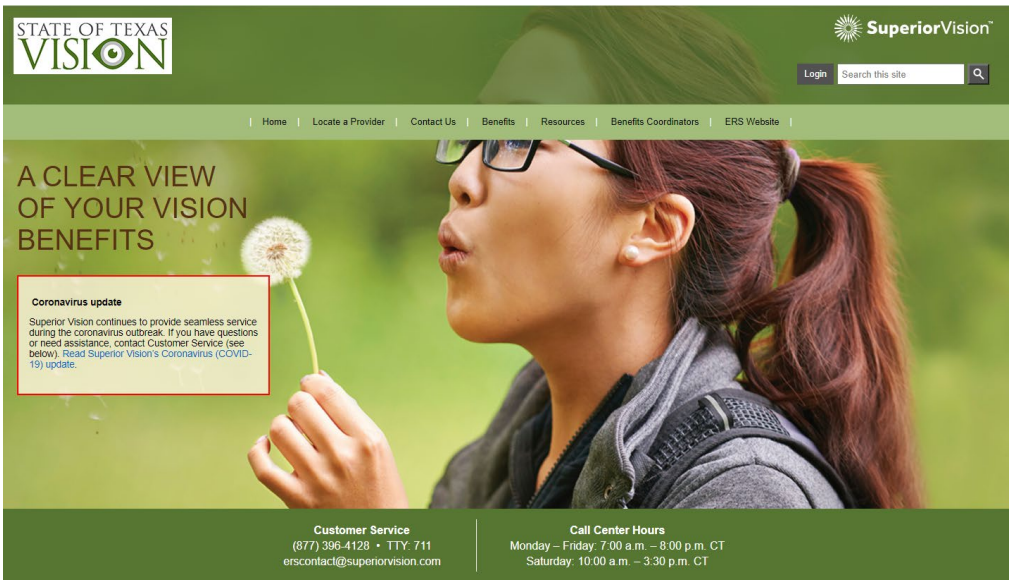
CREATING YOUR ACCOUNT ON THE WEBSITE

As a State of Texas Vision member, you can create a secure account on www.StateofTexasVision.com.

To create your secure account:

1. Go to www.StateofTexasVision.com.
2. Click the **Login** button next to the search bar in the top right-hand corner on the website.
3. On the Member Login page, click the **Create a New Account** button.
4. Complete the short form on the Create Your New Account page and click the **Create Account** button when finished.
5. You will have instant access to your State of Texas Vision account.

You will also receive a system generated email confirming you have successfully set up your new account.



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, and
- manage your online account, including resetting your password.

Please note that secure accounts are available only for the primary account holder. 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;
  - if you don't have an account, you can create one in the app or on the website to access your account on both,
- 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, and
- 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 and
- 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. We have “network” providers (those with whom we have 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 members have access to the Superior National network, which is made up of more than 109,000 points of access nationwide. Visit the State of Texas Vision website, 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, including:

- 1-800 Contacts
- ContactsDirect.com
- Costco Optical
- Glasses.com
- LensCrafters
- Pearle Vision
- Sam's Club Optical
- Target Optical
- Texas State Optical (TSO)
- VisionWorks
- Walmart Vision Center

And remember—if you or your dependents are out of state, you have nationwide access to network providers.

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.

- 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 insured member.
- 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.

You do not need your ID card to access benefits, but it does have information that helps the provider file your claim.

NON-NETWORK PROVIDERS

You and your dependents may access services from a non-network provider. You will be reimbursed at the non-network amount which will be less as shown in the Summary of Benefits chart (page 4) and in the 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.

Submit a claim form with your itemized receipt to Superior Vision, via fax, email, or mail, to be reimbursed up to the allowable amount. Claim forms are available on the State of Texas Vision website or by contacting Customer Service at erscontact@superiorvision.com or (877) 396-4128. This information should be promptly mailed or faxed.

State of Texas Vision
c/o Superior Vision
Attn: Claims Processing
P.O. Box 967
Rancho Cordova, CA 95741
Fax: (916) 852-2290

Once Superior Vision receives all necessary information needed to process a claim, reimbursements are generally fulfilled within 10 business days and mailed to the address provided by ERS.

COMPARING USING HEALTH PLAN BENEFITS VS. VISION PLAN BENEFITS

John
Using his health plan

Annual premium rate (HealthSelect for self only)	**$0**
Eye exam (Eye exam through health insurance provider)	$40
Brand name frames	$200
Prescription lenses (Standard single vision lenses)	$125
Total John Paid	**$365**

Jennifer
Using a network provider

Annual premium rate (Coverage for self only)	**$61.44**
Eye exam copay (Superior Vision in-network provider)	$15
Brand name frames (Up to $200 frame allowance)	$0
Prescription lenses copay (Standard single vision lenses)	$10
Total Jennifer Paid	**$86.44**

JENNIFER SAVED $278.56 WITH STATE OF TEXAS VISION

This example is for illustration purposes only. You will need to ask your provider about any additional charges that may apply or that are due at the time of service. You are responsible for any costs over the standard coverage. Non-network costs will be higher.

GLASSES OR CONTACTS

Plan benefits include an allowance of up to $200 to pay for either eyeglasses or contact lenses, but not both. Members are responsible for any additional expenses above the $200 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 $15 for a basic comprehensive eye exam, which includes dilation, if recommended by the eye care provider.

You will have an up to $200 allowance for your frames. If the frames you select are less than $200, you will forfeit any remaining allowance amount.

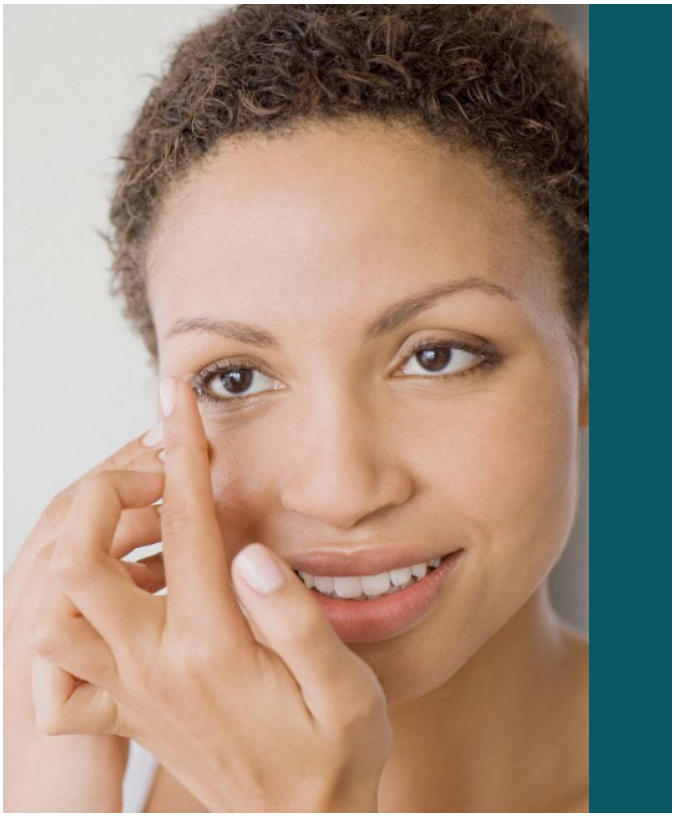
Different types of lenses have different copay amounts. The plan covers many lens options. See the Summary of Benefits for details.

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 members 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 members discounts ranging from 15% to 50% off of retail prices.

Discounts are provided by select network providers. Discounts may vary by provider and location. Please contact your provider before your visit to verify that he or she offers the listed discounts as some providers do not. Discounts are subject to change without notice and do not apply when prohibited by the manufacturer.

Other Texas 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.

CUSTOMER SERVICE

Hours:
Monday – Friday: 7:00 a.m. – 8:00 p.m. CT
Saturday: 10:00 a.m. – 3:30 p.m. CT

Email:
erscontact@superiorvision.com

Phone: (877) 396-4128; TTY: 711

Fax: (916) 852-2290

Visit us at www.StateofTexasVision.com to:

- Review vision benefits
- Locate a network provider
- Nominate a provider
- Help with navigating the website
- Request a non-network claim reimbursement form
- Request an additional or replacement ID card

FREQUENTLY ASKED QUESTIONS

Do you have a question about State of Texas Vision benefits? We have your answer! Review the list of questions below to find what you need. If you still have a question, we're happy to help—visit www.StateofTexasVision.com for more Frequently Asked Questions or contact us at erscontact@superiorvision.com or (877) 396-4128, TTY: 711.

1. What do I need to pay my network provider?

You pay your network provider any applicable copays, plus you are also responsible for paying for any services or materials that are not covered or exceed your benefit plan coverage.

2. What if my eye doctor is not listed as a network provider?

If you have verified that your provider does not participate in the **Superior National** network, you may submit a Provider Nomination form—available on the State of Texas Vision website—or call Customer Service at (877) 396-4128 to nominate a provider over the phone.

3. May I go to a non-network provider?

Yes. You and your dependents may access services from a non-network provider. You will be reimbursed at the non-network amount shown in the Summary of Benefits chart (page 4) and in your MBPD. Please remember your out-of-pocket costs are lowest when you stay in-network.

4. How can I use my benefit and get reimbursed from a non-network provider?

First, verify that the provider is not in the Superior National network.

Next, 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.

Then, submit a claim form with your itemized receipt to Superior Vision via fax, email or mail to be reimbursed up to the allowable amount as outlined in your plan details. Claim forms are available on the State of Texas Vision website. Claim reimbursement requests submitted with complete information are typically processed within 10 business days and mailed to the member's address provided to Superior Vision by ERS.

5. How do I get an ID card?

One ID card will be mailed to you for you and your covered dependents. Additional copies of your ID card can be printed from the State of Texas Vision website, www.StateofTexasVision.com, or by contacting Customer Service at erscontact@superiorvision.com or (877) 396-4128.

6. Do I need to show my ID card to the network provider to receive services?

No, though the ID card includes helpful information for the provider to reference regarding your benefits. While you don't need your card, it is important that you always identify yourself as a State of Texas Vision or Superior Vision member.

7. Do I need to obtain an authorization number or file a claim when obtaining services from a network provider?

No, the network providers will handle the authorization and claims filing process for you.

8. May I go to one provider for the eye exam and another provider for eyewear?

Yes. State of Texas Vision gives you choice and flexibility, enabling you to choose the provider who best matches your needs and budget preferences. Each provider will contact Superior Vision to verify your eligibility.

YOU CAN CHOOSE ONE PROVIDER FOR YOUR EYE EXAM AND ANOTHER PROVIDER FOR YOUR EYEWEAR

9. How does the retail frame allowance work?

Your frame allowance is up to $200. If the retail price of the frame is greater than $200, you will pay the difference between the final retail price and $200. If the price of the frame is less than the allowance—for example $100—you forego any remaining allowance. You cannot use any remaining allowance for additional purchases.

10. Is the Contact Lens Fitting exam an additional charge from the eye exam?

Yes, the contact lens fitting is a separate evaluation of your eye and therefore is a stand-alone benefit. The additional copay for a contact lens fitting exam is either $25 or $35 depending on your needs. Details are available in the Summary of Benefits chart (page 4). The contact lens fitting exam measures and examines your eyes for the purpose of evaluating them for contacts.

11. How can I use my elective contact lens allowance?

If you choose to wear contact lenses in lieu of glasses as your vision correction, the allowance may be used to purchase any type of prescription elective contact lenses. The allowance is cumulative—this allows you the choice to use it all at once or to divide it throughout the benefit year until you spend the full $200. Your benefit is greater when dispensed by a network provider.

12. Does the eye exam include dilation of the eyes?

Dilation is not always necessary as part of a comprehensive eye exam, but when recommended by the eye care provider, it is covered as part of the eye exam. Retinal imaging, digital retinal exams, and fundus photography are not covered and you will be responsible for the charges.

13. May I use in-store specials, promotions or coupons along with my vision plan benefit?

Your 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 a network or non-network provider—you will need to pay the provider in full and submit your itemized receipt to Superior Vision for reimbursement at the non-network amounts.

14. What happens if I select materials and services that are NOT covered?

You will be responsible for the full amount of any materials and services that are not covered by your benefit. This may include allowance overages, certain lens options, or materials after you have exhausted your benefits. Based on the provider selected, discounts may apply.

15. Do I need to purchase "insurance" on my glasses from the provider?

Some providers offer a warranty on broken, lost, or stolen materials. This warranty is not a covered benefit nor administered by State of Texas Vision or Superior Vision. Should you decide to purchase a warranty policy, it is at your own expense.

16. Will I need a referral from my medical health plan provider to see my State of Texas Vision eye care provider?

Referrals are not needed.

17. Do my dependents need to use my personal identification number to receive the insured benefits?

Yes. However, you and your covered dependents share the same personal identification number.

18. What are "medically necessary" contact lenses?

Medically necessary (non-elective) contact lenses are prescribed by a doctor solely for purposes of correcting a specific medical condition, such as High Ametropia, Aniridia and Irregular Astigmatism that prevent your vision from being corrected to a specified level of visual acuity using conventional eyeglasses. Choosing contacts over glasses for a standard prescription is considered cosmetic/elective.

The contact lens fitting for medically necessary contact lenses is a separate benefit from the materials benefit.

19. How do I know which services are offered by a network Superior Vision provider?

All network providers are listed on the State of Texas Vision website with the specific services for which they have contracted. If you need assistance locating a provider, visit www.StateofTexasVision.com or call Customer Service at (877) 396-4128; TTY: 711.

20. Are there additional discounts available?

You are eligible for discounts off the retail charges for a variety of lens upgrades and add-ons, overages on frame allowances, and/or additional frame and lens purchases. 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. Be sure to show your State of Texas Vision ID card to ensure you receive these discounts.

RECEIVE DISCOUNTS ON BENEFIT OVERAGES, ADDITIONAL EXAMS AND EYEWEAR FROM SELECT PARTICIPATING PROVIDERS

21. Are there any limitations on the frame selection when using the discounts?

Unless otherwise prohibited by the manufacturer, the frame discount may be applied as long as you seek services provided by select network providers. Members should verify if their provider participates in offering discounts before receiving service.

22. Do any discounts apply to my covered eyeglass lenses and frame?

State of Texas Vision includes discounts on many of your out-of-pocket expenses associated with eyeglass lens add-ons, upgrades, or overages on your frame allowance for your covered eyeglass lenses and frame. There are also discounts available on any additional purchases, and these discounts can be used as often as you like as long as you seek services provided by select network providers. Members should verify if their provider participates in offering discounts before receiving services.

23. Can discounts be applied toward the purchase of prescription sunglasses, i.e., tints to a covered lens?

If the insurance is used to receive prescription sunglasses, your base lens is covered, as well as the tint, to create the dark glasses. Reference your Master Benefit Plan Document for other covered options; not all lens options are covered (e.g. polarized lenses). If the prescription sunglasses are an additional service fulfilled outside the insurance, applicable discounts apply if you seek services from a provider who participates in offering discounts, except where prohibited by the manufacturer.

24. Are prescription safety glasses covered?

No. Prescription safety glasses are not covered by State of Texas Vision benefits.

25. Can I use the benefit plan just for glasses and contact lenses if I get my eye exam paid for by another insurance?

Yes. A valid prescription from any eye care provider may be used for your choice of eyeglasses (lenses and frame) or contact lenses; but not both. If you want to use your insurance for contact lenses, and your other coverage did not pay for your contact lens fitting exam, you may use your State of Texas Vision coverage for the fitting exam. Check with your provider regarding submission of claims to an additional insurance carrier.

Find additional Frequently Asked Questions on the Resources page at www.StateofTexasVision.com.

IF YOU EXPERIENCE A PROBLEM

SUBMITTING A COMPLAINT

When a member 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 member asking for the review,
- Name of the patient, if not the member
- Description of the complaint
- 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

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

Mail: State of Texas Vision
c/o Superior Vision
Member Grievance Department
Superior Vision
P.O. Box 967
Rancho Cordova, CA 95741
Fax: (916) 852-2290
Email: ersfirst@superiorvision.com

A complaint should be submitted to Superior Vision by or on behalf of the member 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 your complaint. Correspondence and final disposition will be shared with designated representatives of the Texas 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, members 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 toll free number (877) 396-4128; TTY: 711 or submit your request in writing. 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 member asking for the review
- Name of the patient, if not the member
- 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
- Be sure to sign your correspondence

The written appeal request 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.

WE CONTINUALLY STRIVE TO PROVIDE QUALITY SERVICE

COBRA

COBRA stands for Consolidated Omnibus Budget Reconciliation Act of 1985. It allows you and/or your dependents to keep your vision coverage under the Texas GBP for a certain period of time after you leave employment. This is called "COBRA continuation coverage."

COBRA continuation coverage is limited to the vision benefits you have when you leave employment. If you choose COBRA continuation coverage, you will pay the full cost of your premium(s) plus a 2% administrative fee. After you leave employment, ERS will send you a COBRA Notification, election form, rate sheet, and instructions for paying your premiums.

If you have questions about COBRA, please contact ERS.

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, as outlined in our discount information.

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
- 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
- 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 member 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 member within 31 days of the initial order regardless of optical necessity. Benefits are not available more frequently than that which is specified in the MBPD

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.

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).

This vision 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 Texas Employees Group Benefit Program (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 participant at the same time.

GLOSSARY OF TERMS

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

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

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.

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

BOTH STANDARD AND SPECIALTY CONTACT LENS FITTINGS ARE COVERED IN FULL FOLLOWING THE COPAY

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 contact lens fitting fee is in addition to an eye exam.

State of Texas Vision offers a stand-alone CLF benefit that enables members 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 member 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 member 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.

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).

Grievance – An administrative review by State of Texas Vision and Superior Vision as the result of a member or provider expressing, in writing, dissatisfaction with the vision benefit, administration of the plan or any other concern that is not an 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.

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

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

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.

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.

Medically Necessary Contact Lenses – Are provided only under certain medical conditions. These medical conditions prevent the member 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 conditions below:

- High ametropia
- Aniridia
- Irregular astigmatism

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.

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 members. Utilization of non-network providers may result in larger amounts out of pocket and little realization of contracted savings.

Out-of-Pocket Expenses – The direct costs that individuals may pay for services not covered by insurance, including 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.

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 Master Benefit Plan Document (MBPD) or Summary of Benefits to covered members. Participating Provider has agreed to accept contracted amounts as the offered and accepted payment in full for outlined benefits.

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.

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

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).

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Vision plan administered by