



## Vision plan benefits for Ector County ISD

Copays		Premiums			Services/frequency	
Exam	\$10		<u>12 pay period</u>	<u>17 pay period</u>	Exam	12 months
Materials <sup>1</sup>	\$10	Emp. only	\$7.79	\$5.50	Frame	12 months
Contact lens fitting (standard & specialty)	\$25	Emp. + family	\$21.02	\$14.84	Contact lens fitting	12 months
					Lenses	12 months
					Contact lenses	12 months

(based on date of service)

### Benefits through Superior National network

	In-network	Out-of-network
Exam (ophthalmologist)	Covered in full	Up to \$42 retail
Exam (optometrist)	Covered in full	Up to \$37 retail
Frames	\$125 retail allowance	Up to \$50 retail
Contact lens fitting (standard <sup>2</sup> )	Covered in full	Not covered
Contact lens fitting (specialty <sup>2</sup> )	\$50 retail allowance	Not covered
Lenses (standard) per pair		
Single vision	Covered in full	Up to \$26 retail
Bifocal	Covered in full	Up to \$34 retail
Trifocal	Covered in full	Up to \$50 retail
Progressives lens upgrade	See description <sup>3</sup>	Up to \$50 retail
Contact lenses <sup>4</sup>	\$150 retail allowance	Up to \$100 retail

Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements

<sup>1</sup> Materials co-pay applies to lenses and frames only, not contact lenses

<sup>2</sup> 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 member who wear toric, gas permeable, or multi-focal lenses.

<sup>3</sup> Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay.

<sup>4</sup> Contact lenses are in lieu of eyeglass lenses and frames benefit

### Discount features

Look for providers in the provider directory who accept discounts, as some do not; please verify their services and discounts (range from 10%-30%) prior to service as they vary.

#### Discounts on covered materials

Frames:	20% off amount over allowance
Conventional contacts	20% off amount over allowance
Disposable contact	20% off amount over allowance

Lens type*	Member out-of-pocket <sup>5</sup>
Scratch coat	\$15
Ultraviolet coat	\$12
Tints, solid	\$15
Tints, gradient	\$18
Polycarbonate	\$40
Blue light filtering	\$15
Digital single vision	\$30
<b>Progressive lenses</b>	
Standard/Premium/Ultra/Ultimate	\$55 / \$110 / \$150 / \$225
<b>Anti-reflective coating</b>	
Standard/Premium/Ultra/Ultimate	\$50 / \$70 / \$85 / \$120
Polarized lenses	\$75
Plastic photochromic lenses	\$80
High Index (1.67 / 1.74)	\$80 / \$120

\* The above table highlights some of the most popular lens type and is not a complete listing.

<sup>5</sup> Discounts and maximums may vary by lens type. Please check with your provider

Discounts are subject to change without notice.

[superiorvision.com](http://superiorvision.com)

(800) 507-3800

Network: Superior National

#### Discounts on non-covered exam, services and materials

Exams, frames, and prescription lenses:	30% off retail
Contacts, miscellaneous options:	20% off retail
Disposable contact lenses:	10% off retail
Retinal imaging:	\$39 maximum out-of-pocket

#### Laser vision correction (LASIK)

Laser vision correction (LASIK) is a procedure that can reduce or eliminate your dependency on glasses or contact lenses. This corrective service is available to you and your eligible dependents at a special discount (20-50%) with your Superior Vision plan. Contact QualSight LASIK at (877) 201-3602 for more information.

#### Hearing discounts

A National Hearing Network of hearing care professionals, featuring Your Hearing Network, offers Superior Vision members discounts on services, hearing aids and accessories. These discounts should be verified prior to service.

The Plan discount features are not insurance.

All allowances are retail; the member is responsible for paying the provider directly for all non-covered items and/or any amount over the allowances, minus available discounts. These are not covered by the plan.

Disclaimer: All final determinations of benefits, administrative duties, and definitions are governed by the Certificate of Insurance for your vision plan. Please check with your Human Resources department if you have any questions.



Superior Vision Services, Inc. P.O. Box 967 Rancho Cordova, CA 95741 (800) 507-3800 superiorvision.com  
 The Superior Vision Plan is underwritten by National Guardian Life Insurance Company, National Guardian Life Insurance Company is not affiliated with  
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