



## Vision Plan Benefits for The University of Texas System

You may choose from two plans: Superior Basic Plan, or Superior Plus Plan

### Benefits through Superior National Network



Superior Basic Plan		Superior Plus Plan	
<b>Co-Pays</b>		<b>Co-Pays</b>	
Exam	\$35	Exam	\$35
Materials <sup>1</sup>	\$0	Materials <sup>1</sup>	\$0
Contact Lens Fitting	\$35	Contact Lens Fitting	\$35
<b>Monthly Premiums</b>		<b>Monthly Premiums</b>	
Emp. only	\$5.02	Emp. only	\$7.64
Emp. + spouse	\$7.90	Emp. + spouse	\$11.98
Emp. + child(ren)	\$8.10	Emp. + child(ren)	\$12.82
Emp. + family	\$12.84	Emp. + family	\$18.10
<b>Services/Frequency</b>		<b>Services/Frequency</b>	
Exam	1 per plan year	Exam	1 per plan year
Frames	1 per plan year	Frames	1 per plan year
Contact Lens Fitting	1 per plan year	Contact Lens Fitting	1 per plan year
Lenses	1 pair per plan year	Lenses	1 pair per plan year
Contact Lenses	1 allowance per plan year	Contact Lenses	1 allowance per plan year
	<b>In-Network</b>		<b>Out-of-Network</b>
Exam (MD)	Covered in full	Exam (MD)	Up to \$42
Exam (OD)	Covered in full	Exam (OD)	Up to \$42
Frames	\$140 retail allowance	Frames	Up to \$53
Contact Lens Fitting (standard <sup>2</sup> )	Covered in full	Contact Lens Fitting (standard <sup>2</sup> )	Not covered
Contact Lens Fitting (specialty <sup>2</sup> )	\$50 retail allowance	Contact Lens Fitting (specialty <sup>2</sup> )	Not covered
Lenses (standard) per pair		Lenses (standard) per pair	
Single Vision	Covered in full	Single Vision	Up to \$32
Bifocal	Covered in full	Bifocal	Up to \$46
Trifocal	Covered in full	Trifocal	Up to \$61
Polycarbonate for dependent children only (up to age 25)	Not covered	Polycarbonate for dependent children only (up to age 25)	Not covered
Scratch coat (factory)	Not covered	Scratch coat (factory)	Not covered
Ultraviolet coat	Not covered	Ultraviolet coat	Not covered
Progressive lens	See description <sup>3</sup>	Progressive lens	Up to \$61
Contact Lenses <sup>5</sup>	\$125 retail allowance	Contact Lenses <sup>5</sup>	Up to \$100
	<b>In-Network</b>		<b>Out-of-Network</b>
	Covered in full		Up to \$42
	Covered in full		Up to \$42
	\$165 retail allowance		Up to \$81
	Covered in full		Not covered
	\$50 retail allowance		Not covered
	Covered in full		Up to \$32
	Covered in full		Up to \$46
	Covered in full		Up to \$61
	Covered in full		Not covered
	Covered in full		Not covered
	Covered in full		Not covered
	\$120 retail allowance <sup>4</sup>		Up to \$61
	\$150 retail allowance		Up to \$100

After co-pays. Co-pays apply to in-network benefits only.

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

<sup>2</sup> Specialty contact lens fitting fee applies to new contact wearers and/or a member who wear toric, gas permeable, or multifocal lenses.

<sup>3</sup> Covered at the provider's in-office retail price for a standard lined trifocal; member pays difference between the progressive and the trifocal minus a 20% discount on the overage. Applicable co-pay applies

<sup>4</sup> Overages on standard progressive lenses will be the member's responsibility

<sup>5</sup> Contact lenses are in lieu of eyeglass lenses and frames benefit.

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

(844) 549-2603





## Discount features

### Discounts on covered materials<sup>6</sup>

These discounts apply to the glasses and contacts that are covered under the vision benefits.

Frames:	20% off amount over allowance
Conventional contacts	20% off amount over allowance
Disposable contact	10% off amount over allowance

Lens type*	Member out-of-pocket <sup>6</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. This table outlines member out-of-pocket costs<sup>6</sup> and are not available for premium/upgraded options unless otherwise noted.

### Discounts on non-covered exam, services and materials<sup>6</sup>

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)<sup>6</sup>

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<sup>6</sup>

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.

*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.*

*<sup>6</sup>Not all providers participate in Superior Vision Discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if he/she offers the discount and member out-of-pocket features. The discount and member out-of-pocket features are not insurance. Discounts and member out-of-pocket are subject to change without notice and do not apply if prohibited by the manufacturer. Lens options may not be available from all Superior Vision providers/all locations.*

*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.*

