

## Vision Plan Benefits for University of Texas

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



Superior Basic Plan	
<b>Co-Pays</b>	
Exam	\$35
Materials <sup>1</sup>	\$0
Contact Lens Fitting	\$35
<b>Monthly Premiums</b>	
Emp. Only	\$6.80
Emp. + spouse	\$10.76
Emp. + child(ren)	\$10.96
Emp. + family	\$17.40
<b>Services/Frequency</b>	
Exam	1 per plan year
Frames	1 per plan year
Contact Lens Fitting	1 per plan year
Lenses	1 per plan year
Contact Lenses	1 per plan year

Superior Plus Plan	
<b>Co-Pays</b>	
Exam	\$35
Materials <sup>1</sup>	\$0
Contact Lens Fitting	\$35
<b>Monthly Premiums</b>	
Emp. Only	\$10.80
Emp. + spouse	\$16.76
Emp. + child(ren)	\$17.96
Emp. + family	\$25.40
<b>Services/Frequency</b>	
Exam	1 per plan year
Frames	1 per plan year
Contact Lens Fitting	1 per plan year
Lenses	1 per plan year
Contact Lenses	1 per plan year

Benefits	In-Network		Out-of-Network	
Exam (MD)	Covered in full		Up to \$42	
Exam (OD)	Covered in full		Up to \$37	
Frames	\$140 retail allowance		Up to \$53	
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 \$32	
Bifocal	Covered in full		Up to \$46	
Trifocal	Covered in full		Up to \$61	
Polycarbonate - for dependent children only (up to age 25)	Not covered		Not covered	
Scratch coat (factory)	Not covered		Not covered	
Ultraviolet coat	Not covered		Not covered	
Progressive lens	See description <sup>3</sup>		Up to \$61	
Contact Lenses <sup>4</sup>	\$125 retail allowance		Up to \$100	

	In-Network		Out-of-Network	
	Covered in full		Up to \$42	
	Covered in full		Up to \$37	
	\$150 retail allowance		Up to \$53	
	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	
	\$120 retail allowance <sup>5</sup>		Up to \$61	
	\$150 retail allowance		Up to \$100	

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> See your benefits materials for definitions of standard and specialty contact lens fittings

<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

<sup>5</sup> In-Network providers who do not accept our discount features will offer an equivalent value for progressive lenses

### 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%-40%) prior to service as they vary.

#### Discounts on Covered Materials

Frames:	20% off amount over allowance
Lens options:	20% off retail
Progressives:	20% off amount over retail lined trifocal lens, including lens options

The following options have out-of-pocket maximums<sup>6</sup> on standard (not premium, brand, or progressive) lenses.

#### Maximum Member Out-of-Pocket

	Single Vision	Bifocal & Trifocal
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Scratch coat	\$13	\$13
Ultraviolet coat	\$15	\$15
Tints, solid or gradients	\$25	\$25
Anti-reflective coat	\$50	\$50
Polycarbonate	\$40	20% off retail
High index 1.6	\$55	20% off retail
Photochromics	\$80	20% off retail

<sup>6</sup> Discounts and maximums may vary by lens type. Please check with your provider.

#### Discounts on Non-Covered Exam and Materials

Exams, frames, and prescription lenses:	30% off retail
Lens options, contacts, other prescription materials:	20% off retail
Disposable contact lenses:	10% off retail

#### Refractive Surgery

Superior Vision has a nationwide network of refractive surgeons and leading LASIK networks who offer members a discount. These discounts range from 5%-50%, and are the best possible discounts available to Superior Vision.

*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.*

*Discounts are subject to change without notice.*

*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.*

