

See yourself healthy.

# Vision Plan Benefits for University of Texas

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

1 per plan year 1 per plan year



Superior Basic Plan		
Co-Pays		
Exam	\$35	
Materials	\$0	
Contact Lens Fitting	\$35	
Monthly Premiums		
Emp. Only	\$5.90	
Emp. + spouse	\$9.30	
Emp. + child(ren)	\$9.52	
Emp. + family	\$15.10	
Services/Frequency		
Exam	1 per plan year	
Frames	1 per plan vear	

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	Contact Lenses	1 per plan year	
Benefits	In-Network	Out-of-Network	
Exam (MD)	Covered in full <sup>1</sup>	Up to \$42	
Exam (OD)	Covered in full <sup>1</sup>	Up to \$37	
Frames	\$140 retail allowance	Up to \$53	
Contact Lens Fitting (standard <sup>2</sup> )	Covered in full <sup>1</sup>	Not covered	
Contact Lens Fitting (specialty <sup>2</sup> )	\$50 retail allowance <sup>1</sup>	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	Not covered	Not covered	
children only (up to age 25)			
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	
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Contact Lens Fitting

Superior Plus Plan				
Co-Pays				
Exam	\$35			
Materials	\$0			
Contact Lens Fitting	\$35			
Monthly Premiums				
Emp. Only	\$9.00			
Emp. + spouse	\$14.08			
Emp. + child(ren)	\$15.08			
Emp. + family	\$21.30			
Services/Frequency				
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			
In-Network	Out-of-Network			
Covered in full <sup>1</sup>	Up to \$42			
Covered in full <sup>1</sup>	Up to \$37			
\$150 retail allowance	Up to \$53			
Covered in full <sup>1</sup> Not covered				
\$50 retail allowance <sup>1</sup>	Not covered			
Covered in full	Up to \$32			
Covered in full				
Covered in full	Up to \$46			
Covered in full	Up to \$61 Not covered			
Covered III Iuli	Not covered			
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				

## 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**

20% off amount over allowance Frames:

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	
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	

#### 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

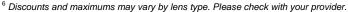
Superior Vision has a nationwide network of refractive surgeons and leading LASIK networks, including University Lasik Specialists of Texas, who provide a discount to members. These discounts range from 15%-50%, and are the best possible discounts available to Superior Vision.

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





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

Specialty contact lens fitting fee applies to new contact lens wearers and/or a member who wears toric, gas permeable, or multifocal lenses

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

Contact lenses are in lieu of eyeglass lenses and frames benefit

<sup>&</sup>lt;sup>5</sup> Overages on standard progressive lenses will be the member's responsibility