





The University of Texas System

2021 Benefits Presentation



An overview of the University of Texas Vision Plan

Two options for 2021



Basic Plan

or

Plus Plan

Both vision plans include:

- Eye Examination
- Prescription lenses
- Frames
- Contacts lenses (in lieu of glasses)
- Contacts fitting exam fee
- Value extending discounts for insured pair, LASIK and additional services

Choosing the Right Plan

What to look for:

- Allowances
- Copays
- Lens Options

Click here to learn more about The University of Texas Vision Plan





The Basic Plan

Co-pay

- Eye Exam \$35
- Materials \$0
- Contact Lens Fitting \$35

Frames

\$140 retail allowance

Lens Benefits

- Standard lenses covered
- Progressive lenses covered at provider's in-office retail trifocal amount

Contact Lens Benefits

- \$125 elective
- Medical Necessary covered

Plan Frequency

All services: 1 per plan year

Contact lenses are in lieu of eyeglass lens and frames benefit



Superior Basic Plan Monthly Premiums

Co-pays	
Employee + Family	\$12.84
Employee + Child(ren)	\$8.10
Employee + Spouse	\$7.90
Employee Only	\$5.02

Cont	act Lens Fitting
Se	rvices/Frequency

Exam	1 per plan year
Frames	1 per plan year
Contact Lens Fitting	1 per plan year
Lenses	1 pair per plan year
Contact Lenses	1 allowance per plan year

Benefits

Exam Materials

Exam (Ophthalmologist) Exam (Optometrist) Frames Contact Lens Fitting (Standard)	Covered-in-full ¹ Covered-in-full ¹ \$140 retail allowance Covered-in-full ¹	Not covered	Covered-in-full ¹ Covered-in-full ¹ \$165 retail allowance Covered-in-full ¹	Up to \$42 retail Up to \$37 retail Up to \$81 retail Not covered
Contact Lens Fitting (Specialty ²)	\$50 retail allowance ¹	Not covered	\$50 retail allowance ¹	Not covered
Lenses (Standard) Per Pair:				
Single Vision	Covered-in-full	Up to \$32 retail	Covered-in-full	Up to \$32 retail
Bifocal	Covered-in-full	Up to \$46 retail	Covered-in-full	Up to \$46 retail
Trifocal	Covered-in-full	Up to \$61 retail	Covered-in-full	Up to \$61 retail
Polycarbonate, for dependent				
children only (up to age 25)	Not covered	Not covered	Covered-in-full	Not covered
Scratch coat (factory)	Not covered	Not covered	Covered-in-full	Not covered
Ultraviolet coat	Not covered	Not covered	Covered-in-full	Not covered
Progressive lens	See description ³	Up to \$61 retail	\$120 retail allowance ⁵	
Contact Lenses⁴	\$125 retail allowance	Up to \$100 retail	\$150 retail allowance	Up to \$100 retail
Contact Echises	PIZDICtall allowantee	Op to \$100 ictail	\$150 ICtall allowanice	Op to \$100 ictail

In-Network

Superior Plus Plan

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		\$1 \$1	57.64 11.98 12.82 18.10	
			\$35 \$0 \$35	
1	per per per	plan plan plan		

In-Network Covered-in-full ¹ Covered-in-full ¹ \$165 retail allowance	Out-of-Network Up to \$42 retail Up to \$37 retail Up to \$81 retail
Covered-in-full ¹ \$50 retail allowance ¹	Not covered Not covered
Covered-in-full	Up to \$32 retail
Covered-in-full	Up to \$46 retail
Covered-in-full	Up to \$61 retail
Covered-in-full	Not covered
Covered-in-full	Not covered

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Out-of-Network

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

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

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 *Command tienses are in lieu of eyeglass lenses and frame benefit *Overages on standard progressive lenses will be the member's responsibility

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The Plus Plan

Co-pays

- Eye Exam \$35
- Materials \$0
- Contact Lens Fitting \$35

Frames

\$165 retail allowance

Lens Benefits

- Standard lenses covered
- Progressive lenses \$120 retail allowance

Contact Lens Benefits

- \$150 elective
- Medical Necessary covered

Plan Frequency

All services: 1 per plan year

Covered Lens Options

- Scratch coat
- Polycarbonates for dependents to age 25
- Ultraviolet coat

Contact lenses are in lieu of eyeglass lens and frames benefit



Rate Cha	ude	Superior Basic Plan
Rate	Monthly Premiums	
	Employee Only	\$5.02
	Employee + Spouse	\$7.90
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Litipioyee + Spouse	47.50
Employee + Child(ren)	\$8.10
Employee + Family	\$12.84
Co-pays	
Exam	\$35
Materials	\$0

Services/Frequency

Exam	1 per plan year
Frames	1 per plan year
Contact Lens Fitting	1 per plan year
Lenses	1 pair per plan year
Contact Lenses	1 allowance per plan year

Benefits

Contact Lens Fitting

Exam (Ophthalmologist) Exam (Optometrist) Frames Contact Lens Fitting (Standard) Contact Lens Fitting (Specialty') Lenses (Standard) Per Pair:	Covered-in-full ¹ Covered-in-full ¹ \$140 retail allowance Covered-in-full ¹ \$50 retail allowance ¹	Up to \$42 retail Up to \$37 retail Up to \$53 retail Not covered Not covered
Single Vision Bifocal Trifocal Polycarbonate, for dependent	Covered-in-full Covered-in-full Covered-in-full	Up to \$32 retail Up to \$46 retail Up to \$61 retail
children only (up to age 25) Scratch coat (factory) Ultraviolet coat Progressive lens Contact Lenses ⁴	Not covered Not covered Not covered See description ³ \$125 retail allowance	Not covered Not covered Not covered Up to \$61 retail Up to \$100 retail

In-Network

Superior Plus Pla		Su	per	ior	Pl	us	Pla
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\$3 \$ \$3	0
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- 1	In-Network	Out-of-Network	
	Covered-in-full ¹	Up to \$42 retail	
- 1	Covered-in-full ¹	Up to \$37 retail	
	\$165 retail allowance	Up to \$81 retail	
- 1	Covered-in-full ¹	Not covered	
	\$50 retail allowance ¹	Not covered	
	Covered-in-full	Up to \$32 retail	
	Covered-in-full	Up to \$46 retail	
	Covered-in-full	Up to \$61 retail	
	Covered-in-full	Not covered	
	Covered-in-full	Not covered	
	Covered-in-full	Not covered	
	\$120 retail allowance5	Up to \$61 retail	
	\$150 retail allowance	Un to \$100 retail	

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
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
Compart lenses are in lieu of eyeglass lenses and frame benefit
Overages on standard progressive lenses will be the member's responsibility

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Progressives

How they are covered

Basic Plan

Covers progressive lenses at the provider's inoffice retail price for a standard lined *trifocal*.

Members pay the difference between their chosen progressive lens and that provider's price for a lined trifocal.

Plus Plan

Premium progressive: members receive a \$120 retail allowance toward the provider's retail cost for a standard progressive.

If applicable, the member is responsible for anything over the \$120 retail allowance.



Contact Lens Fitting Benefit

Stand-alone benefit; separate from eye exam. Great value for a small co-pay

- Two types of fittings
 - Standard: Covered in full
 - Specialty: \$50 allowance
- Contact lens allowance is <u>not</u> reduced by the contact lens fitting costs

Example

Assume: Annual contact lenses purchase = \$150; annual contact lens allowance = \$125 (Basic), \$150 (Plus); contact lens fitting exam = \$70

Basic Plan		Plus Plan	Plus Plan		
	Apply contacts allowance CL fitting (covered in full) CL fitting co-pay	\$25 \$0 \$35	Apply contacts allowance CL fitting (covered in full) CL fitting co-pay	\$0 \$0 \$35	
	Member out – of – pocket	\$60	Member out – of – pocket	\$35	

Based on average national pricing, prices may vary by provider and geographic region





An in-depth look at Superior Vision Discounts

Lens type *	Member out-of-pocket ¹
Scratch coat	\$15
Ultraviolet coat	\$12
Tints, solid	\$15
Tints, gradients	\$18
Polycarbonate	\$40
Blue light filtering	\$15
Digital single vision	\$30
Progressives lenses	
Standard / Premium / Ultra / Ultimate	\$55 / \$110 / \$150 / \$225
Anti-Reflective coating	
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 compete listing.

Laser vision correction (LASIK) 1

A National LASIK Network of laser vision correction providers, featuring QualSight, offers Superior Vision members a discount on services. These discounts should be verified prior to service.

Hearing discounts ¹

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.

This table outlines member out-ofpocket costs¹ and are not available for premium/upgraded options unless otherwise noted.



Discounts on covered materials ¹

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 Contacts	10% off amount over allowance

Discounts on non-covered exam and materials 1

We offer discounts on unlimited materials after the initial benefit is utilized.

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

¹Not 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 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.





Flexibility and Choice

- In- and out-of-network benefits available
 - Greater value using in-network eye care providers
- No restrictions/limitations on choice of frames
- Flexibility to go to one provider for exam, another for materials
- Out-of-pocket costs can be pre-tax if enrolled in the UT FLEX Health Care Reimbursement Account





Leading Provider Network

Superior Vision's network includes 113,000+ providers access points nationwide (9,500 in Texas) Network provider panel consists of:

Access to:

- National & Regional Retail Stores
- Online Retailers
- LASIK services

Network includes:

- Optometrists (ODs)
- Ophthalmologists (MDs)
- Opticians / Optical Retail Chains













































New ways to use vision benefits online

Bringing an online retail experience and a wide product selection

GLASSES.COM

Glasses.com is one of the trusted online stores for popular eyewear brands, including prescription glasses and sunglasses

- Broad price range: optical frames from \$80 to \$480
- Wide product selection including luxury brands, accessible fast fashion, and sport, including Ray-Ban, Oakley, Prada, Ralph Lauren and Michael Kors
- · Lens options for every need
- Free shipping and returns
- Customer service available through phone, email, and chat
- Free in-person adjustments after purchase

1800 contacts

1-800 Contacts is one the recognized online contact lens retailer in the industry. They have an established reputation for their customer service, backed by an industry-leading Net Promoter Score of 76

- Extensive inventory with 98% orders in stock
- Over 100k SKUs
- Multiple distribution centers across the country to improve delivery speed
- Ease of ordering with 2-click reorders
- Mobile app and prescription upload
- 24/7 live customer service: 90% of calls answered in 10 seconds or less

contactsdirect

ContactsDirect offers the same in-network experience when shopping for contact lenses online as they do when shopping in-person.

- Easy online ordering
- Fast and free shipping is included
- Features top brands and all types of contacts
- In-network allowance is applied instantly
- Can use remaining FSA dollars

befitting

Befitting is an innovative new entrant to online retail with Al-powered technology to help customers find glasses that best suit their face for a better experience, better results, and a solution unique to Versant Health

- Advanced, innovative, consumer shopping technologies using AI
- Intuitive shopping experience with engaging categories and content
- Wide range of brands and price points across all manufacturers (Safilo, Luxottica, Marchon and others)

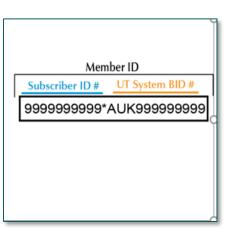


UT Member ID Cards

Custom ID card improves service

- Mailed to each family
- Valid for entire family
- Not required for service
- Can print replacements at SuperiorVision.com/UT

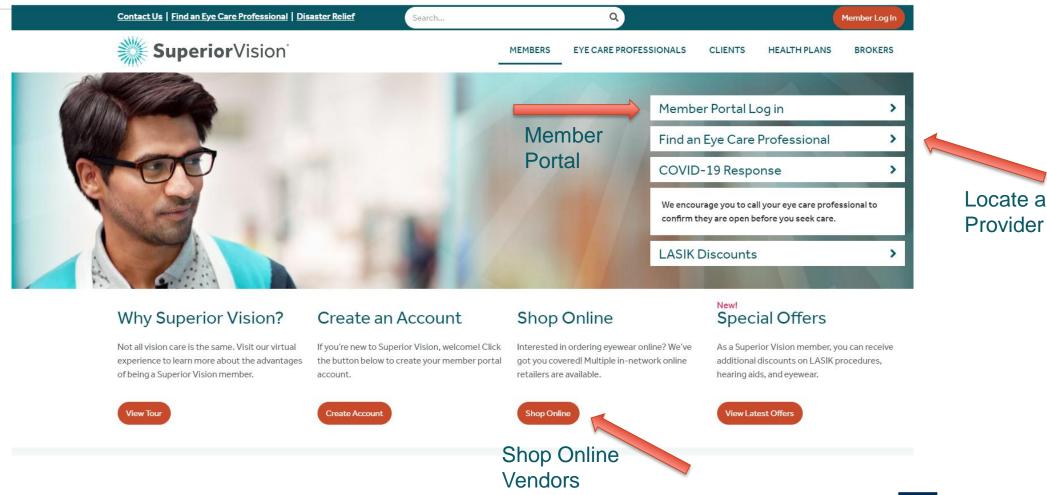






Superior Vision Website

SuperiorVision.com





Locate a Superior Vision Provider

Superior Vision.com

Find an in-network eye care professional

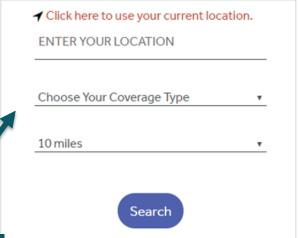
It's easy to find an in-network eye care professional. Follow the simple instructions below to get started.



Here's how to find an eye care professional near you

- 1. Visit <u>superiorvision.com</u> and click "Find an eye care professional."
- 2. Enter your location information.
- 3. Select the "Insurance Through Your Employer" option.
- 4. Pick your plan's network from the drop-down list.
- 5. Choose your desired distance.
- 6. Select the "Search" button.







Member Portal

- Benefits and plan design details
- Print duplicate ID cards
- Verify member and family coverage
- Search provider listings and print maps
- Download forms
- Email link for requests and messages

For more info, visit
SuperiorVision.com/UT

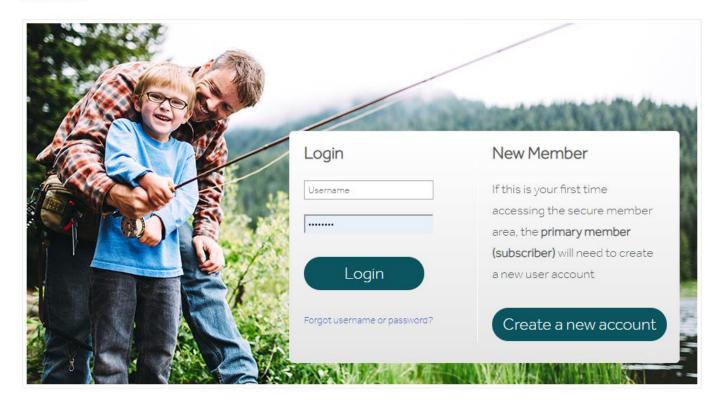


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Group Plan: (800) 507-3800 Health Plan: (800) 879-6901 (e.g., Medicare, Medicaid, CHIP,

Customer Service

MEMBERS







Superior Vision mobile app is also ready to help

It's easy to use and highly rated



Create an online account

Log in with the same username and password as superiorvision.com, or create a new account in the app.



View vision benefits

Review your vision benefits and eligibility information for yourself and for any dependents.



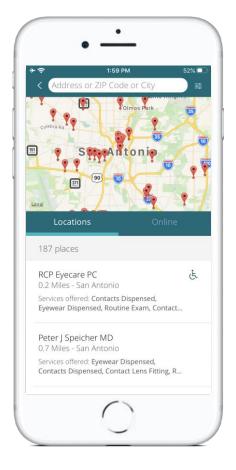
Locate a vision provider

Find a vision provider in your network, call the provider, visit their website and even get directions



Display member ID card

View your member ID card full screen, print and email it.













Have questions?

We have answers!

- ✓ Benefit information
- ✓ Eligibility status
- ✓ Claims information
- ✓ Provider listings
- ✓ Assistance with issues and special requests

Join us online

Visit: <u>superiorvision.com</u>

Or, give us a call

1 (844) 549 - 2603

Live support (Central Time):

Monday – Friday 8 am - 9 pmSaturday 10 am - 3:30 pm





SuperiorVision



