

# 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	
	Co-Pays	
ATTON	Exam	\$35
	Materials <sup>1</sup>	\$0
310 16	Contact Lens Fitting	\$35
ANT PREATO	Monthly Premiums	
The second se	Emp. only	\$5.90
Second Second Second	Emp. + spouse	\$9.30
	Emp. + child(ren)	\$9.52
	Emp. + family	\$15.10
A MARKED SHARE	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
nefits	In-Network	Out-of-Network
am (MD)	Covered in full	Up to \$42
am (OD)	Covered in full	Up to \$37
imes	\$140 retail allowance	Up to \$53
ntact Lens Fitting (standard <sup>2</sup> )	Covered in full	Not covered
ntact Lens Fitting (specialty <sup>2</sup> )	\$50 retail allowance	Not covered
nses (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	Not covered	Not covered
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
ntact Lenses⁵	\$125 retail allowance	Up to \$100

Co-PaysExam\$35Materials1\$0Contact Lens Fitting\$35Monthly Premiums\$35Emp. only\$9.00Emp. + spouse\$14.08Emp. + child(ren)\$15.08Emp. + child(ren)\$21.30Services/Frequency\$21.30Exam1 per plan yearFrames1 per plan yearContact Lens Fitting1 per plan yearContact Lens Fitting1 per plan yearContact Lenses1 allowance per plan yearCovered in fullUp to \$42Covered in fullUp to \$37\$165 retail allowanceUp to \$81Covered in fullNot covered\$50 retail allowanceNot covered\$50 retail allowanceNot coveredCovered in fullUp to \$32Covered in fullUp to \$46Covered in fullUp to \$61Covered in fullNot covered\$120 retail allowance <sup>4</sup> Up to \$61\$120 retail allowanceUp to \$100	Superior Plus Plan				
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		Up to \$100			

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

Materials co-pay applies to lenses and frames only, not contact lenses.

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

**Benefits** Exam (MD) Exam (OD) Frames

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.

### **Discount Features**

Contact Lens Fitting (standard<sup>2</sup>) Contact Lens Fitting (specialty<sup>2</sup>) Lenses (standard) per pair Single Vision Bifocal Trifocal

Scratch coat (factory) Ultraviolet coat Progressive lens Contact Lenses<sup>5</sup>

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
Lens options:	20% off retail
Progressives:	20% off amount over retail lined trifocal
-	lens, including lens options
Specialty Contact Long Fit:	10% off rotail than apply allowance

Specialty Contact Lens Fit: 10% off retail, then apply allowance Maximum Member Out-of-Pocket

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

Scratch coat Ultraviolet coat Tints, solid or gradients Anti-reflective coat Polycorpopoto	Single Vision \$13 \$15 \$25 \$50 \$40	Bifocal & Trifocal \$13 \$15 \$25 \$50 20% off rotail
	+ -	+ -
	+ -	+ -
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, Services and Materials

Exams, frames, and prescription lenses:	30% off retail
Lens options, contacts, miscellaneous op	tions: 20% off retail
Disposable contact lenses:	10% off retail
Retinal Imaging:	\$39 maximum out-of-pocket

### **Refractive Surgery**

Superior Vision has a nationwide network of independent refractive surgeons and partnerships with leading LASIK networks who offer members a discount. These discounts range from 10%-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 auestions.

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

