



Superior Vision for Bowie ISD

Voluntary

| Tier | Monthly Premiums |
|-----------------------|------------------|
| Employee | \$9.30 |
| Employee + Spouse | \$15.84 |
| Employee + Child(ren) | \$16.77 |
| Employee + Family | \$25.15 |

| Co-pays | | Services | Frequency |
|----------------------|------|----------------|-----------|
| Exam ¹ | \$10 | Exam | 12 Months |
| Eyewear ² | \$10 | Frame | 12 Months |
| | | Lenses | 12 Months |
| | | Contact Lenses | 12 Months |

| Benefits | In-Network | Out-of-Network |
|------------------------------------------------------|--------------------------------------|------------------------|
| Exam | Covered In Full | Up to \$35 |
| Frame | \$125 retail allowance | Up to \$70 |
| Lenses (Clear, Standard, Glass or Plastic) Per Pair: | | |
| Single Vision | Covered In Full | Up to \$25 |
| Bifocal | Covered In Full | Up to \$40 |
| Trifocal | Covered In Full | Up to \$45 |
| Progressive ³ | Allowance at standard trifocal level | Up to \$45 |
| Lenticular | Covered In Full | Up to \$80 |
| Contact Lenses ⁴ | \$150 retail allowance | Up to \$80 |
| Medically Necessary Contact Lenses | Covered In Full | Up to \$150 |
| Laser Vision Correction ⁵ | \$200 retail allowance | \$200 retail allowance |

Rate Assumptions

- Rates are guaranteed for 2 years.
- Minimum requirements:
 - Minimum 2 enrolled employees.
 - The employer pays 0% of the employee premium and 0% of the dependent premium.

This quote is valid for effective dates within 90 days of the proposed effective date noted above. The proposed rates are based on the information provided to prepare this quote and the parameters outlined in this quote. This quote is subject to adjustment if actual information is materially different than that provided, or if there are changes from the parameters outlined in this quote.

Co-pays are due in full to in-network providers at the time of service. Co-pays associated with services provided by out-of-network providers will be deducted from member reimbursements.

All allowances are at a retail value; the member is responsible for any charges in excess of this retail allowance.

¹ Eye exam co-pay is a single payment due to the provider at the time of service.

² Eyewear co-pay applies to eyeglass lenses / frame and contact lenses. Eyewear co-pay is a single payment that applies to the entire purchase of eyeglasses (frame and lenses) or contacts in lieu of glasses. Services and eyewear obtained through out-of-network providers are subject to the same co-payment and limitations as services through participating providers.

³ If progressives are purchased, Member receives an allowance equal to the in-network provider's usual and customary retail charge for standard trifocal lenses.

⁴ Contact lenses and related professional services (fitting, evaluation and follow-up) are in lieu of eyeglass lenses and frame benefit.

⁵ Members may elect to receive laser vision correction services ("LASIK Services") in lieu of the prescription eyewear described above (eyeglass lenses / frame or contact lenses) during a single benefit period. Members electing to receive LASIK Services are entitled to an allowance as outlined above if received from a participating provider **OR** if received from a non-participating provider. When LASIK Services are received from a participating provider in the National Lasik Network, the member is also entitled to receive the participating provider's program pricing. The LASIK Services allowance will be paid only one time per member and is subject to certain exclusions and limitations.

Underwritten by: Superior Vision of Texas



Superior Vision of Texas
Non-Covered Services/Materials

1. Safety lenses and frames (other than polycarbonate lenses, when covered);
2. Aniseikonic lenses or special occupational lenses;
3. Any lens styles, options, add-ons and/or eyewear not listed as a covered benefit;
4. Special mountings (other than standard zyl, standard metal or standard half-eyes);
5. Orthoptics, vision training, low vision aids, or any supplemental training;
6. Non-prescription (plano) eyewear including plano sunglasses;
7. Diagnostic procedures or medical eye care services, including any such services or procedures resulting from LASIK Services;
8. Any examination or corrective eyewear required by an employer as a condition of employment;
9. Conditions covered by Worker's Compensation;
10. Any services or eyewear provided by another vision plan or payor, subject to the "Dual Coverage" provision of the Member Certificate;
11. Two pairs of frames and lenses in lieu of bifocals;
12. Repairs and replacements of lost or destroyed eyewear; or
13. Any eyewear exceeding the benefit allowance, subject to the applicable Eyewear Discount described above.
14. Any laser vision correction procedure subsequent to the LASIK Services.



Superior Select Southwest Network

- We offer a broad provider network of ODs, MDs and retail optical chains (in network) including LensCrafters, Target Optical, Pearle Vision and additional providers as noted below.
 - Benefit allowances remain the same across the entire provider network so members can use their full benefit regardless of the in-network provider chosen.
 - If both an exam and eyewear are included in a plan offering (Full Vision Plan), members have the freedom to choose the same or different providers for exam and eyewear
- A National LASIK Network of laser vision correction providers, featuring QualSight, offers Superior Vision of Texas members a discount on services. These discounts should be verified prior to service.
- For Full Vision plans, members purchasing progressive lenses receive an allowance equal to the in-network provider's usual and customary retail charge for standard trifocal lenses.



Eyewear Discounts

Members electing to receive eyewear which exceeds the coverage limits on their vision plan are entitled to receive up to a 20% discount toward the amount by which the retail cost of the eyewear selected exceeds applicable coverage limits (except disposable contact lenses for which no discount applies), when eyewear is received from a Superior Vision of Texas provider. Certain Superior Vision of Texas provider restrictions may apply. Contact your Superior Vision of Texas provider prior to your appointment to confirm the availability of any discounts. Discount features are not insurance and are subject to change without notice.

For more information or additional group quotes, please contact: