

See yourself healthy.

# Vision Plan Benefits for Wylie ISD

You may choose from two plans: High Option Plan and Low Option Plan



Plan 1				
High Option				
Co-Pays				
Exam	\$5			
Materials <sup>1</sup>	\$0			
Contact Lens Fitting	\$0			
<b>Monthly Premiums</b>				
Emp. only	\$10.34			
Emp. + spouse	\$20.68			
Emp. + child(ren)	\$23.60			
Emp. + family	\$36.42			
Services/Frequency				
Exam	12 months			
Frames	12 months			
Contact Lens Fitting	12 months			
Lenses	12 months			
Contact Lenses	12 months			
In-Network	Out-of-Network			

	Contact Lenses	12 months	
Benefits through	In-Network	Out-of-Network	
Superior National Network			
Exam (MD)	Covered in full	Up to \$42	
Exam (OD)	Covered in full	Up to \$37	
Frames	\$150 retail allowance	Up to \$60	
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 \$26	
Bifocal	Covered in full	Up to \$34	
Trifocal	Covered in full	Up to \$50	
Factory scratch coat	Covered in full	Not covered	
UV coating	Covered in full	Not covered	
Progressive lens upgrade	See description <sup>3</sup>	Up to \$50	
Contact Lenses <sup>4</sup>	\$200 retail allowance	Up to \$100	
Co-pays apply to in-network benefits: co-pays for out-of-network visits are deducted from reimbursements			

Plan 2 Low Option				
Co-Pays	don			
Exam	\$10			
Materials <sup>1</sup>	\$20			
Contact Lens Fitting	\$20			
Monthly Premiums				
Emp. only	\$7.07			
Emp. + spouse	\$14.16			
Emp. + child(ren)	\$16.04			
Emp. + family	\$24.79			
Services/Frequency				
Exam	12 months			
Frames	12 months			
Contact Lens Fitting	12 months			
Lenses	12 months			
Contact Lenses	12 months			
In-Network	Out-of-Network			
Covered in full	Up to \$42			
Covered in full	Up to \$37			
\$130 retail allowance	Up to \$52			
Covered in full	Not covered			
\$50 retail allowance	Not covered			
Covered in full	Up to \$26			
Covered in full	Up to \$34			
Covered in full	Up to \$50			
Not covered	Not covered			
Not covered	Not covered			
See description <sup>3</sup>	Up to \$50			
\$130 retail allowance	Up to \$100			

- Materials co-pay applies to lenses and frames only, not contact lenses See your benefits materials for definitions of standard and specialty contact lens fittings
- 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
- Contact lenses are in lieu of eyeglass lenses and frames benefit

### **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

20% off amount over retail lined trifocal lens, Progressives:

including lens options

The following options have out-of-pocket maximums<sup>5</sup> on standard (not premium, brand, or progressive) lenses.

### Maximum Member Out-of-Pocket Single Vision Bifocal & Trifocal

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>&</sup>lt;sup>5</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 10% off retail Disposable contact lenses:

#### Refractive Surgery

Superior Vision has a nationwide network of refractive surgeons and leading LASIK networks who offer members a discount. 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 questions.

