



## Vision plan benefits for Lamesa ISD

| Copays   |      | Monthly premiums  |         | Services/frequency   |           |
|--|------|-------------------|---------|----------------------|-----------|
| Exam   | \$10 | Emp. only         | \$7.29  | Exam                 | 12 months |
| Materials <sup>1</sup>                         | \$25 | Emp. + spouse     | \$14.48 | Frame                | 12 months |
| Contact lens fitting<br>(standard & specialty) | \$25 | Emp. + child(ren) | \$14.48 | Contact lens fitting | 12 months |
|  |      | Emp. + family     | \$20.27 | Lenses               | 12 months |
|  |      |                   |         | Contact lenses       | 12 months |

(based on date of service)

### Benefits through Superior National network

|  | In-network                   | Out-of-network     |
|--|------------------------------|--------------------|
| Exam (ophthalmologist)                         | Covered in full              | Up to \$42 retail  |
| Exam (optometrist)                             | Covered in full              | Up to \$37 retail  |
| Frames   | \$125 retail allowance       | Up to \$50 retail  |
| 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 retail  |
| Bifocal  | Covered in full              | Up to \$34 retail  |
| Trifocal                                       | Covered in full              | Up to \$50 retail  |
| Scratch coat                                   | Covered in full              | Not covered        |
| Polycarbonate                                  | Covered in full              | Not covered        |
| Progressives lens upgrade                      | See description <sup>3</sup> | Up to \$50 retail  |
| Contact lenses <sup>4</sup>                    | \$125 retail allowance       | Up to \$100 retail |

Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements

<sup>1</sup> Materials co-pay applies to lenses and frames only, not contact lenses

<sup>2</sup> Standard contact lens fitting applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Specialty contact lens fitting applies to new contact wearers and/or a member who wear toric, gas permeable, or multi-focal lenses.

<sup>3</sup> 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.

<sup>4</sup> Contact lenses are in lieu of eyeglass lenses and frames benefit

[superiorvision.com](http://superiorvision.com)

(800) 507-3800

### 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

|                             |  |
|-----------------------------|--|
| 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 lens fit: | 10% off retail, then apply allowance                                   |

#### Discounts on non-covered exam, services and materials

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

#### Maximum member out-of-pocket

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

|                           | Single vision | Bifocal & trifocal |
|---------------------------|---------------|--------------------|
| Ultraviolet coat          | \$15          | \$15               |
| Tints, solid or gradients | \$25          | \$25               |
| Anti-reflective coat      | \$50          | \$50               |
| High index 1.6            | \$55          | 20% off retail     |
| Photochromics             | \$80          | 20% off retail     |

<sup>5</sup> Discounts and maximums may vary by lens type. Please check with your provider

#### LASIK

Laser vision correction (LASIK) is a procedure that can reduce or eliminate your dependency on glasses or contact lenses. This corrective service is available to you and your eligible dependents at a special discount (20-50%) with your Superior Vision plan.

*The Plan discount features are not insurance.*

Contact QualSight LASIK at (877) 269-3602 for more information. 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.



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