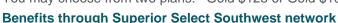
Vision plan benefits for Bellville ISD

You may choose from two plans: Gold \$125 or Gold \$100





\$10

\$25

\$6.24 \$10.61

\$16.85

12 months

24 months

12 months

12 months

Out-of-network

Up to \$35

Up to \$55

Up to \$25 Up to \$40

Up to \$45

Up to \$45

Up to \$65 Up to \$150

30% off retail

Gold \$100 full service plan

Copays Exam¹

Eyewear²

Emp. + spouse

Emp. + family Services/frequency

Emp. only

Exam

Frames

Lenses Contact lenses

Monthly premiums

In-network

Covered in full

\$100 retail allowance

Covered in full

Covered in full

Covered in full

See description³ \$125 retail allowance

Covered in full

superiorvision.com

(800) 507-3800

Gold \$125 full service plan		
Copays		
Exam ¹	\$10	
Eyewear ²	\$25	
Monthly premiums		
Emp. only	\$7.02	
Emp. + 1 dependent	\$11.96	
Emp. + family	\$18.98	
Services/frequency		
Exam	12 months	
Frames	24 months	
Lenses	12 months	
Contact lenses	12 months	
In-network	Out-of-network	

Contact longes		12 1110111110	
Benefits	In-network	Out-of-network	
Exam	Covered in full	Up to \$35	
Frames	\$125 retail allowance	Up to \$70	
Lenses (standard) 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	See description ³	Up to \$45	
Contact lenses ⁴	\$150 retail allowance	Up to \$80	
Medically necessary contact lenses	Covered in full	Up to \$150	
Co-nave apply to in-network benefits: co-na	ve for out-of-network visits are de	ducted from reimbursemen	

Eye exam copay is a single payment due to the provider at the time of service.

Discount features

Discounts on covered materials⁵

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 contact	10% off amount over allowance

Lens type*	Member out-of-pocket⁵
Scratch coat	\$15
Ultraviolet coat	\$12
Tints, solid	\$15
Tints, gradient	\$18
Polycarbonate	\$40
Blue light filtering	\$15
Digital single vision	\$30
Progressive 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 complete listing. This table outlines member out-of-pocket costs⁵ and are not available for premium/upgraded options unless otherwise noted.

Discounts on non-covered exam, services and materials⁵

Contacts, miscellaneous options: 20% off retail 10% off retail Disposable contact lenses: Retinal imaging: \$39 maximum out-of-pocket

Laser vision correction (LASIK)5

Exams, frames, and prescription lenses:

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. Contact QualSight LASIK at (877) 201-3602 for more information.

Hearing discounts⁵

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.

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.

⁵Not 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-ofpocket features. 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

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.

Eyewear copay applies to eyeglass lenses / frame and contact lenses. Eyewear copay is a single payment that applies to the entire purchase of eyeglasses (frame and lenses)

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

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