

## Vision plan benefits for Stanton ISD

You may choose from two plans: high plan, or low plan

### Benefits through Superior Select Southwest network



#### Benefits

Exam  
Frames  
Lenses (standard) per pair  
Single vision  
Bifocal  
Trifocal  
Progressives  
Contact lenses<sup>2</sup>  
Medically necessary contact lenses  
LASIK vision correction<sup>3</sup>

High Plan	
<b>Copays</b>	
Exam	\$5
Materials	\$0
<b>Monthly premiums</b>	
Emp. only	\$10.87
Emp. + one dependent	\$21.20
Emp. + family	\$29.35
<b>Services/frequency</b>	
Exam	12 months
Frames	12 months
Lenses	12 months
Contact lenses	12 months

In-network	Out-of-network
Covered in full	Up to \$35
\$150 retail allowance	Up to \$70
Covered in full	Up to \$25
Covered in full	Up to \$40
Covered in full	Up to \$45
See description <sup>1</sup>	Up to \$45
\$225 retail allowance	Up to \$80
Covered in full	Up to \$150

\$200 allowance

Low Plan	
<b>Copays</b>	
Exam	10
Materials	\$20
<b>Monthly premiums</b>	
Emp. only	\$7.42
Emp. + one dependent	\$14.47
Emp. + family	\$20.03
<b>Services/frequency</b>	
Exam	12 months
Frames	12 months
Lenses	12 months
Contact lenses	12 months

In-network	Out-of-network
Covered in full	Not covered
\$120 retail allowance	Up to \$70
Covered in full	Up to \$25
Covered in full	Up to \$40
Covered in full	Up to \$45
See description <sup>1</sup>	Up to \$45
\$145 retail allowance	Up to \$80
Covered in full	Up to \$150

\$200 allowance

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

<sup>1</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>2</sup> Contact lenses and related professional services (fitting, evaluation and follow-up) are covered in lieu of eyeglass lenses and frames benefit

<sup>3</sup> Lasik Vision Correction is in lieu of eyewear benefit, subject to routine regulatory filings and certain exclusions and limitations

### Discount features

Non-covered eyewear discount: members may also receive a discount of 20% from a participating provider's usual and customary fees for eyewear purchases which exceed the benefit coverage (except disposable contact lenses, for which no discount applies). This includes eyeglass frames which exceed the selected benefit coverage, specialty lenses (i.e. progressives) and lens "extras" such as tints and coatings. Eyewear purchased from a Walmart Vision Center does not qualify for this additional discount because of Walmart's "Always Low Prices" policy.

The national LASIK network of laser vision correction providers, featuring LasikPlus, offers members special program pricing on services. The program pricing should be verified prior to service.

**superiorvision.com**

**(800) 507-3800**

*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.*