

Vision plan benefits for Stamford ISD

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

Benefits through Superior National network



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High Plan				
Copays				
Exam	\$5			
Materials ¹	\$0			
Contact lens fitting	\$0			
Monthly premiums				
Emp. only	\$10.75			
Emp. + spouse	\$21.51			
Emp. + child(ren)	\$24.54			
Emp. + family	\$37.88			
Services/frequency Exam Frames Contact lens fitting Lenses Contact lenses	12 months 12 months 12 months 12 months 12 months			
In-network	Out-of-network			

Benefits	In-network	Out-of-network
Exam (MD)	Covered in full	Up to \$42
Exam (OD)	Covered in full	Up to \$37
rames	\$150 retail allowance	Up to \$60
Contact lens fitting (standard ²)	Covered in full	Not covered
Contact lens fitting (specialty ²)	\$50 retail allowance	Not covered
enses (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 ³	Up to \$50
Contact lenses ⁴	\$200 retail allowance	Up to \$100
Co-pays apply to in-network benefit	ts: co-pays for out-of-network vis	its are deducted from reimbu

	Low Plan			
	Copays			
	Exam	\$10		
	Materials ¹	\$20		
	Contact lens fitting	\$20		
	Monthly premiums			
	Emp. only	\$7.35		
Emp. + spouse Emp. + child(ren)		\$14.73		
		\$16.68		
	Emp. + family	\$25.78		
	Services/frequency			
	Exam Frames Contact lens fitting Lenses Contact lenses	12 months 12 months 12 months 12 months 12 months		
	In-network Covered in full Covered in full \$130 retail allowance Covered in full \$50 retail allowance	Out-of-network Up to \$42 Up to \$37 Up to \$50 Not covered Not covered		
	Covered in full Covered in full Covered in full Not covered Not covered See description ³ \$130 retail allowance	Up to \$26 Up to \$34 Up to \$50 Not covered Not covered Up to \$50 Up to \$100		

¹ Materials co-pay applies to lenses and frames only, not contact lenses.

⁴ 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

Frames:	20% off amount over allowance
Lone ontione:	20% off retail

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

Specialty contact lens fit: 10% off retail, then apply allowance

Maximum member out-of-pocket

The following options have out-of-pocket maximums⁵ on standard (not premium, brand, or progressive) lenses.

	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			

⁵ Discounts and maximums may vary by lens type. Please check with your provider.

superiorvision.com

(800) 507-3800

Discounts on non-covered exam, services and materials

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

Refractive surgery

Superior Vision has a nationwide network of independent refractive surgeons and partnerships with leading LASIK networks who offer members a discount. These discounts range from 10%-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

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.



² 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.

³ 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.