



SuperiorVision®

Vision plan benefits for Seymour ISD

Copays

Exam ¹	\$10
Eyewear ²	\$25

Monthly premiums

Emp. only	\$8.51
Emp. + spouse	\$16.34
Emp. + child(ren)	\$17.33
Emp. + family	\$23.05

Services/frequency

Exam	12 months
Frame	12 months
Lenses	12 months
Contact lenses	12 months

(Based on date of service)

Benefits through Superior Select Southwest network

	In-network	Out-of-network
Exam	Covered in full	Up to \$35 retail
Frames	\$130 retail allowance	Up to \$70 retail
Lenses (standard) per pair		
Single vision	Covered in full	Up to \$25 retail
Bifocal	Covered in full	Up to \$40 retail
Trifocal	Covered in full	Up to \$45 retail
Progressive	See description ³	Up to \$45 retail
Contact lenses ⁴	\$150 retail allowance	Up to \$80 retail
Medically necessary contact lenses	Covered in full	Up to \$150 retail
LASIK vision correction ⁵		\$200 allowance

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

¹ Eye exam copay is a single payment due to the provider at the time of service

² 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)

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

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

⁵ Lasik Vision Correction is in lieu of eyewear benefit, subject to routine regulatory filings and certain exclusions and limitations

Discount features

Discounts on covered materials⁶

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

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(800) 507-3800

Lens type*	Member out-of-pocket ⁶
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/Ulimate	\$55 / \$110 / \$150 / \$225
Anti-reflective coating	
Standard/Premium/Ultra/Ulimate	\$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.

⁶Not 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-of-pocket 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 locations.

Discounts on non-covered exam, services and materials⁶

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

Laser vision correction (LASIK)⁶

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 discounts⁶

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.

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.