



## Vision plan benefits for Crosby ISD

You may choose from two plans: Gold full service plan, or Platinum full service plan

### Benefits through Superior Select Southwest network

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

(800) 507-3800

Gold plan	
<b>Copays</b>	
Exam <sup>1</sup>	\$10
Eyewear <sup>2</sup>	\$25
<b>Monthly premiums</b>	
Emp. only	\$7.17
Emp. + 1 dependent	\$12.17
Emp. + family	\$17.94
<b>Services/frequency</b>	
Exam	12 months
Frames	24 months
Lenses	12 months
Contact lenses	12 months

Platinum plan	
<b>Copays</b>	
Exam <sup>1</sup>	\$10
Eyewear <sup>2</sup>	\$10
<b>Monthly premiums</b>	
Emp. only	\$12.79
Emp. + 1 dependent	\$21.79
Emp. + family	\$32.03
<b>Services/frequency</b>	
Exam	12 months
Frames	12 months
Lenses	12 months
Contact lenses	12 months

Benefits	In-network	Out-of-network
	Covered in full	Up to \$35
Exam	Covered in full	Up to \$35
Frames	\$130 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 <sup>3</sup>	Up to \$45
Contact lenses <sup>4</sup>	\$150 retail allowance	Up to \$80
Medically necessary contact lenses	Covered in full	Up to \$150
Laser vision correction <sup>5</sup>	\$200 retail allowance	

Benefits	In-network	Out-of-network
	Covered in full	Up to \$35
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 <sup>3</sup>	Up to \$45
Contact lenses <sup>4</sup>	\$150 retail allowance	Up to \$80
Medically necessary contact lenses	Covered in full	Up to \$150
Laser vision correction <sup>5</sup>	\$200 retail allowance	

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

<sup>1</sup> Eye exam copay is a single payment due to the provider at the time of service.

<sup>2</sup> 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)

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

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

### Discount features

#### Discounts on covered materials<sup>6</sup>

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-pocket <sup>6</sup>
Scratch coat	\$15
Ultraviolet coat	\$12
Tints, solid	\$15
Tints, gradient	\$18
Polycarbonate	\$40
Blue light filtering	\$15
Digital single vision	\$30
<b>Progressive lenses</b>	
Standard/Premium/Ultra/Ultimate	\$55 / \$110 / \$150 / \$225
<b>Anti-reflective coating</b>	
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 costs<sup>5</sup> and are not available for premium/upgraded options unless otherwise noted.

#### Discounts on non-covered exam, services and materials<sup>6</sup>

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)<sup>6</sup>

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 discounts<sup>6</sup>

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.

<sup>6</sup>Not 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.

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.