

See yourself healthy.

Vision Plan Benefits for University of Texas

You may choose from two plans: Superior Basic Plan, or Superior Plus Plan



Superior Basic Plan	
Co-Pays	
Exam	\$35
Materials	\$0
Contact Lens Fitting	\$35
Monthly Premiums	
Emp. Only	\$5.90
Emp. + spouse	\$9.30
Emp. + child(ren)	\$9.52
Emp. + family	\$15.10
Services/Frequency	
Exam	1 per plan year
Frames	1 per plan year
Contact Lens Fitting	1 per plan year
Lenses	1 per plan year
Contact Lenses	1 per plan year

Superior Plus Plan	
Co-Pays	
Exam	\$35
Materials	\$0
Contact Lens Fitting	\$35
Monthly Premiums	
Emp. Only	\$9.00
Emp. + spouse	\$14.08
Emp. + child(ren)	\$15.08
Emp. + family	\$21.30
Services/Frequency	
Exam	1 per plan year
Frames	1 per plan year
Contact Lens Fitting	1 per plan year
Lenses	1 per plan year
Contact Lenses	1 per plan year

Benefits	In-Network		Out-of-Network	
	Exam (MD)	Covered in full ¹	Up to \$42	Up to \$42
Exam (OD)	Covered in full ¹	Up to \$37	Up to \$37	Up to \$37
Frames	\$140 retail allowance	Up to \$53	Up to \$53	Up to \$53
Contact Lens Fitting (standard ²)	Covered in full ¹	Not covered	Not covered	Not covered
Contact Lens Fitting (specialty ²)	\$50 retail allowance ¹	Not covered	Not covered	Not covered
Lenses (standard) per pair				
Single Vision	Covered in full	Up to \$32	Up to \$32	Up to \$32
Bifocal	Covered in full	Up to \$46	Up to \$46	Up to \$46
Trifocal	Covered in full	Up to \$61	Up to \$61	Up to \$61
Polycarbonate – for dependent children only (up to age 25)	Not covered	Not covered	Not covered	Not covered
Scratch coat (factory)	Not covered	Not covered	Not covered	Not covered
Ultraviolet coat	Not covered	Not covered	Not covered	Not covered
Progressive lens	See description ³	Up to \$61	Up to \$61	Up to \$61
Contact Lenses ⁴	\$125 retail allowance	Up to \$100	Up to \$100	Up to \$100

Benefits	In-Network		Out-of-Network	
	Exam (MD)	Covered in full ¹	Up to \$42	Up to \$42
Exam (OD)	Covered in full ¹	Up to \$37	Up to \$37	Up to \$37
Frames	\$150 retail allowance	Up to \$53	Up to \$53	Up to \$53
Contact Lens Fitting (standard ²)	Covered in full ¹	Not covered	Not covered	Not covered
Contact Lens Fitting (specialty ²)	\$50 retail allowance ¹	Not covered	Not covered	Not covered
Lenses (standard) per pair				
Single Vision	Covered in full	Up to \$32	Up to \$32	Up to \$32
Bifocal	Covered in full	Up to \$46	Up to \$46	Up to \$46
Trifocal	Covered in full	Up to \$61	Up to \$61	Up to \$61
Polycarbonate – for dependent children only (up to age 25)	Not covered	Not covered	Not covered	Not covered
Scratch coat (factory)	Not covered	Not covered	Not covered	Not covered
Ultraviolet coat	Not covered	Not covered	Not covered	Not covered
Progressive lens	See description ³	Up to \$61	Up to \$61	Up to \$61
Contact Lenses ⁴	\$125 retail allowance	Up to \$100	Up to \$100	Up to \$100

¹ After co-pays. Co-pays apply to in-network benefits only

² Specialty contact lens fitting fee applies to new contact lens wearers and/or a member who wears toric, gas permeable, or multifocal lenses

³ Covered at the provider's in-office retail price for standard lined trifocal; member pays difference between the progressive and the trifocal minus a 20% discount on the overage. Applicable co-pay applies

⁴ Contact lenses are in lieu of eyeglass lenses and frames benefit

⁵ Overage on standard progressive lenses will be the member's responsibility

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

The following options have out-of-pocket maximums⁶ on standard (not premium, brand, or progressive) lenses.

	Maximum Member Out-of-Pocket	
	Single Vision	Bifocal & Trifocal
Scratch coat	\$13	\$13
Ultraviolet coat	\$15	\$15
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

⁶ Discounts and maximums may vary by lens type. Please check with your provider.

Discounts on Non-Covered Exam and Materials

- Exams, frames, and prescription lenses: 30% off retail
- Lens options, contacts, other prescription materials: 20% off retail
- Disposable contact lenses: 10% off retail

Refractive Surgery

Superior Vision has a nationwide network of refractive surgeons and leading LASIK networks, including University Lasik Specialists of Texas, who provide a discount to members. These discounts range from 15%-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 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.

