

# SUPERIOR VISION

See yourself healthy.

## Vision Plan Benefits for Pine Tree ISD

You may choose from two plans: High Plan Option, or Low Plan Option



Plan 1 High Option	
<b>Co-pays</b>	
Exam	\$25
Materials	\$25
<b>Monthly Premiums</b>	
Emp. Only	\$10.52
Emp. + 1 dependent	\$15.25
Emp. + family	\$27.33
<b>Services/Frequency</b>	
Exam	12 months
Frames	12 months
Lenses	12 months
Contact Lenses	12 months

Plan 2 Low Option	
<b>Co-pays</b>	
Exam	\$25
Materials	\$25
<b>Monthly Premiums</b>	
Emp. Only	\$7.62
Emp. + 1 dependent	\$11.04
Emp. + family	\$19.80
<b>Services/Frequency</b>	
Exam	12 months
Frames	24 months
Lenses	12 months
Contact Lenses	12 months

Benefits through Superior Select Southwest Network	In-Network		Out-of-Network	
	Exam	Covered in full	Up to \$35	
Frames	\$175 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>1</sup>	Up to \$45		
Polycarbonate	Covered in full	Up to \$20		
Tints	Covered in full	Up to \$15		
Photochromic	Covered in full	Up to \$40		
Lenticular	Covered in full	Up to \$80		
Contact Lenses <sup>2</sup>	\$175 retail allowance	Up to \$80		
Medically Necessary Contact Lenses	Covered in full	Up to \$150		
Lasik Vision Correction	\$200 allowance <sup>3</sup>			

	In-Network		Out-of-Network	
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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>1</sup>	Up to \$45		
Polycarbonate	Covered in full	Up to \$20		
Tints	Not covered	Not covered		
Photochromic	Not covered	Not covered		
Lenticular	Covered in full	Up to \$80		
Contact Lenses <sup>2</sup>	\$150 retail allowance	Up to \$80		
Medically Necessary Contact Lenses	Covered in full	Up to \$150		
Lasik Vision Correction	\$200 allowance <sup>3</sup>			

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 limitation

### 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.

**SuperiorVision.com**  
**Customer Service**  
**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.