



Vision plan benefits for Joshua ISD

| Copays | | Monthly premiums | | Services/frequency | |
|----------------------|------|-------------------|---------|--------------------|-----------|
| Exam ¹ | \$10 | Emp. only | \$9.99 | Exam | 12 months |
| Eyewear ² | \$25 | Emp. + spouse | \$17.04 | Frame | 12 months |
| | | Emp. + child(ren) | \$18.02 | Lenses | 12 months |
| | | Emp. + family | \$27.03 | 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 | \$150 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 | \$175 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

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 |
| Conventional contacts | 20% off amount over allowance |
| Disposable contact | 20% off amount over allowance |

superiorvision.com

(800) 507-3800

Discounts on non-covered exam, services and materials

| | |
|---|----------------------------|
| 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 |

| 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/Ultimate | \$55 / \$110 / \$150 / \$225 |
| Anti-reflective coating | |
| 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.

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

Discounts are subject to change without notice.

Laser vision correction (LASIK)

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

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.

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.

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.