

## Vision Plan Benefits for Slocum ISD

| Co-Pays   |      | Monthly Premiums  |         | Services/Frequency |           |
|-----------|------|-------------------|---------|--------------------|-----------|
| Exam      | \$10 | Emp. only         | \$8.63  | Exam               | 12 months |
| Materials | \$25 | Emp. + spouse     | \$14.70 | Frame              | 12 months |
|           |      | Emp. + child(ren) | \$15.54 | Lenses             | 12 months |
|           |      | Emp. + family     | \$23.33 | Contact Lenses     | 12 months |

(Based on date of service)

### Benefits through Superior Select Southwest

|                                    | <u>In-Network</u>            | <u>Out-of-Network</u> |
|------------------------------------|------------------------------|-----------------------|
| 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 <sup>1</sup> | Up to \$45 retail     |
| Lenticular                         | Covered in full              | Up to \$80 retail     |
| Tint                               | Covered in full              | Up to \$15 retail     |
| UV coating                         | Covered in full              | Up to \$20 retail     |
| Scratch resistant                  | Covered in full              | Up to \$25 retail     |
| Contact Lenses <sup>2</sup>        | \$175 retail allowance       | Up to \$80 retail     |
| Medically Necessary Contact Lenses | Covered in full              | Up to \$150 retail    |
| 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 limitations

### 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 question*