

Vision plan benefits for The Texas A&M University System

Copays		Monthly premiums		Services/frequency	
Exam	\$10	Emp. only	\$7.60	Exam	1 per plan year
Lens ¹	As noted below	Emp. + spouse	\$16.12	Frame	1 per plan year
Contact lens fitting (standard & specialty)	\$0	Emp. + children	\$12.46	Contact lens fitting	1 per plan year
		Emp. + family	\$22.22	Lenses	1 pair per plan year
				Contact lenses	1 allowance per plan year

Benefits through Superior National network

	In-network	Out-of-network
Exam (ophthalmologist)	\$10 copay, covered in full	Up to \$50 retail
Exam (optometrist)	\$10 copay, covered in full	Up to \$50 retail
Frames	\$150 retail allowance	Up to \$90 retail
Contact lens fitting (standard ²)	Covered in full	Up to \$40 retail
Contact lens fitting (specialty ²)	\$40 retail allowance	Up to \$40 retail
Lenses (standard) per pair		
Single vision	\$15 copay, covered in full	Up to \$50 retail
Bifocal	\$15 copay, covered in full	Up to \$70 retail
Trifocal	\$15 copay, covered in full	Up to \$100 retail
Standard progressives	\$15 copay, covered in full	Up to \$70 retail
Premium Progressives		
Tier 1	\$35 copay, covered in full	Up to \$70 retail
Tier 2	\$45 copay, covered in full	Up to \$70 retail
Tier 3	\$60 copay, covered in full	Up to \$70 retail
Tier 4	\$15 copay, \$120 retail allowance	Up to \$70 retail
Lenticular	\$15 copay, covered in full	Up to \$100 retail
Factory scratch coat	Covered in full	Up to \$8 retail
Polycarbonate	Covered in full	Up to \$20 retail
Standard Anti-Reflective Coat	Covered in Full	Not Covered
Contact lenses ³	\$150 retail allowance	Up to \$150 retail
Medically necessary contact lenses	Covered in full	Up to \$210 retail

Co-pays apply to in-network benefits only.

¹ Lens copays do not apply to contact lenses or frames

² Standard contact lens fitting applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Specialty contact lens fitting applies to new contact wearers and/or a member who wear toric, gas permeable, or multi-focal lenses.

³ Contact lenses are in lieu of eyeglass lenses and frames benefit

Discount features

Ask your provider if they offer Superior Vision discounts, as not all providers participate. Please verify services and discounts available prior to receiving service as offers may vary.

superiorvision.com

(844) 549-2603

Discounts on covered materials

Frames:	20% off amount over allowance
Lens options:	20% off retail
Progressive – tier 4	20% off retail, then apply allowance
Specialty contact lens fit:	10% off retail, then apply allowance

Discounts on non-covered exam, services 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
Retinal imaging:	\$39 maximum out-of-pocket

Maximum member out-of-pocket

The following options have out-of-pocket maximums⁵ on standard (not premium, brand, or progressive) lenses.

	Single vision	Bifocal & trifocal
Ultraviolet coat	\$15	\$15
Tints, solid or gradients	\$25	\$25
Polycarbonate for adults	\$40	\$40
Anti-reflective coat	\$50	\$50
High index 1.6	\$55	20% off retail
Photochromics	\$80	20% off retail

Refractive surgery

Superior Vision has a nationwide network of refractive surgeons and leading LASIK networks who offer members a discount. These discounts range from 10%-50%, and are the best possible discounts available to Superior Vision.

⁵ Discounts and maximums may vary by lens type. Please check with your provider.

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.

