



Presenting the Superior Vision Plan Provided through  
**Channelview ISD**

**Outline of Benefits**

<b>Monthly Rates:</b>	Employee Only	\$8.80
	Employee and Spouse	\$17.44
	Employee and Child(ren)	\$17.10
	Employee and Family	\$25.98

<b>Co-payment:</b>	<b>\$10 Exam</b>
	<b>\$25 Materials</b>
	<b>\$25 Contact Lens Fitting Exam Fee</b>

**In-network co-pay:** Paid to the in-network provider.

**Out-of-network co-pay:** Will be deducted from the out-of-network allowance at the time of reimbursement.

**Materials co-pay:** Applies to lenses and/or frames, not contact lenses.

	<u>In-Network</u>	<u>Out-of-Network</u>
<b>Comprehensive Exam Ophthalmologist (MD)</b>	Covered in Full	Up to \$42
<b>Comprehensive Exam Optometrist (OD)</b>	Covered in Full	Up to \$37
<b>Standard Lenses:</b>		
Single Vision	Covered in Full	Up to \$32
Bifocal	Covered in Full	Up to \$46
Trifocal	Covered in Full	Up to \$61
Lenticular	Covered in Full	Up to \$84
<b>Contact Lenses:*</b>		
Medically Necessary	Covered in Full	Up to \$210
Cosmetic-Elective**	Up to \$120	Up to \$100
Standard Contact Lens Fitting Exam Fee***	Covered in Full	Not Covered
Specialty Contact Lens Fitting Exam Fee***	Up to \$50	Not Covered
Frames-Standard**	Up to \$125	Up to \$68

\* Contact lenses are in lieu of eyeglass lenses and frames benefit.

\*\*The insured is responsible for paying any charges in excess of this allowance.

\*\*\*Standard contact lens fitting fee applies to an existing contact lens user who wears disposable, daily wear, or extended wear lenses only. The specialty contact lens fitting fee applies to new contact lens wearers and/or a member who wears toric, gas permeable, or multi-focal lenses. For the specialty fit, the member is responsible for any charges over \$50.

**Plan Frequency**

Comprehensive Exam	12 Months
Lenses	12 Months
Frames	12 Months
Contact Lenses	12 Months

**Note: This is only a summary of the benefit plan. You may review and/or obtain a copy of the certificate of coverage by contacting your Human Resources/Employee Benefits office.**

**Discount SVP8-20**

These discounts apply to upgrades on the covered frame and lenses only. For discounts on additional pairs, please refer to the Discounts on Additional Purchases.

**Frames** 20% off the difference between the covered frame allowance and the retail price of the selected frame.

Note: Discounts do not apply when prohibited by the manufacturer.

**Add-ons to the covered pair of lenses**

**Lens Options and Upgrades Member pays 20% off retail up to**

- Scratch Coat (Factory) \$13<sub>(Single Vision & Standard Lined Multifocal Lenses)</sub>
- Ultraviolet Coat \$15<sub>(Single Vision & Standard Lined Multifocal Lenses)</sub>
- Standard Anti-Reflective Coat\* \$50<sub>(Single Vision & Standard Lined Multifocal Lenses)</sub>
- High Index 1.6\* \$55<sub>(Single Vision Lenses Only)</sub>
- Polycarbonate \$40<sub>(Single Vision Lenses Only)</sub>
- Standard Photochromic \$80<sub>(Single Vision Lenses Only)</sub>
- Plastic Tints solid or gradient \$25<sub>(Any Type Lenses)</sub>
- Glass coloring \$35<sub>(Any Type Lenses)</sub>

**Member pays**

- Power over 4.00 Sphere, 2.00D Cylinder & 5.00D Prism 20% discount off retail
- Cosmetic Finishing, Beveling, Edging & Mounting 20% discount off retail
- All other Lens Options/Upgrades 20% discount off retail

\* Higher end or brand name lens upgrades are at an additional expense to the member. You may apply the maximum out of pocket expense toward the upgraded lens retail cost and the member is responsible for the difference less 20%.

**Progressive Power Lens Benefit (no-line):** The member pays the difference between the provider's price for Standard Trifocal lenses and the price of the progressive power lenses selected, less 20%.

View your benefits and provider listings at [www.superiorvision.com](http://www.superiorvision.com).

Contact lenses can be purchased on-line and delivered directly to your door. Visit [www.svcontacts.com](http://www.svcontacts.com) for more information.

**For assistance with using your plan, please contact Customer Service at (800) 507-3800.**

**Discounts on Additional Purchases**

Prescription eyeglass lenses	30% off retail	All other prescription materials	20% off retail
Add-on charges to basic lenses	20% off retail	Eyeglass frames	30% off retail
Contact lenses (except disposables)	20% off retail	Everyday "frame and lens" package pricing"	20% off retail
Disposable contact lenses	10% off retail		

Discounts are provided by Superior Vision contracted providers identified in the provider directory with a "DP".

**Refractive Surgery Discounts & Cosmetic Eyelid Surgery Discounts are available:** Superior Vision Services has a nationwide network of refractive surgeons who specialize in the popular elective procedures of radial keratotomy (RK), photo-refractive keratotomy (PRK) and LASIK. These providers offer Superior Vision Plan members a 20% discount off their usual and customary surgical fees for these procedures. Ophthalmic plastic surgeons are also contracted to provide the procedure of blephoroplasty (cosmetic eyelid surgery) to Superior Vision Plan members on the same discount basis.