

Vision plan benefits for Pearland ISD

You may choose from two plans: high option plan, or low option plan

Benefits through Superior National network



Plan 1 High Option		Plan 2 Low Option	
Copays		Copays	
Exam	\$10	Exam	\$10
Materials ¹	\$10	Materials ¹	\$25
Contact lens fitting	\$25	Contact lens fitting	\$25
Monthly premiums		Monthly premiums	
Emp. only	\$9.48	Emp. only	\$7.83
Emp. + spouse	\$18.96	Emp. + spouse	\$15.64
Emp. + child(ren)	\$20.85	Emp. + child(ren)	\$17.20
Emp. + family	\$30.33	Emp. + family	\$25.01
Services/frequency		Services/frequency	
Exam	12 months	Exam	12 months
Frames	12 months	Frames	24 months
Contact lens fitting	12 months	Contact lens fitting	12 months
Lenses	12 months	Lenses	12 months
Contact lenses	12 months	Contact lenses	12 months

Benefits

Exam (MD)	
Exam (OD)	
Frames	
Contact lens fitting (standard ²)	
Contact lens fitting (specialty ²)	
Lenses (standard) per pair	
Single vision	
Bifocal	
Trifocal	
Factory scratch coat	
UV coating	
Progressive lens upgrade	
Contact lenses ⁴	

In-network	Out-of-network
Covered in full	Up to \$42
Covered in full	Up to \$37
\$130 retail allowance	Up to \$52
Covered in full	Not covered
\$50 retail allowance	Not covered
Covered in full	Up to \$26
Covered in full	Up to \$34
Covered in full	Up to \$50
Covered in full	Not covered
Covered in full	Not covered
See description ³	Up to \$50
\$150 retail allowance	Up to \$100

In-network	Out-of-network
Covered in full	Up to \$42
Covered in full	Up to \$37
\$100 retail allowance	Up to \$52
Covered in full	Not covered
\$50 retail allowance	Not covered
Covered in full	Up to \$26
Covered in full	Up to \$34
Covered in full	Up to \$50
Not covered	Not covered
Not covered	Not covered
See description ³	Up to \$50
\$120 retail allowance	Up to \$100

Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements

¹ Materials co-pay applies to lenses and frames only, not contact lenses.

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 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 are in lieu of eyeglass lenses and frames benefit.

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.

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
Scratch coat	\$13	\$13
Ultraviolet coat	\$15	\$15
Tints, solid or gradients	\$25	\$25
Anti-reflective coat	\$50	\$50
Polycarbonate	\$40	20% off retail
High index 1.6	\$55	20% off retail
Photochromics	\$80	20% off retail

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

Discounts on non-covered exam, services and materials

Exams, frames, and prescription lenses:	30% off retail
Lens options, contacts, miscellaneous options:	20% off retail
Disposable contact lenses:	10% off retail
Retinal imaging:	\$39 maximum out-of-pocket

Refractive surgery

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

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.

