



**Vision plan benefits for The Texas A&M University System**

**Copays**

Exam	\$10
Lens <sup>1</sup>	As noted below
Contact lens fitting (standard & specialty)	\$0

**Monthly premiums**

Emp. only	\$7.60
Emp. + spouse	\$16.22
Emp. + children	\$12.46
Emp. + family	\$22.22

**Services/frequency**

Exam	1 per plan year
Frame	1 per plan year
Contact lens fitting	1 per plan year
Lenses	1 pair per plan year
Contact lenses	1 allowance per plan year

**Benefits through Superior National network\***

	<b>In-network</b>	<b>Out-of-network</b>
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 <sup>2</sup> )	Covered in full	Up to \$40 retail
Contact lens fitting (specialty <sup>2</sup> )	10% off retail, then \$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 <sup>3</sup>	\$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.

<sup>1</sup> Lens copays do not apply to contact lenses or frames

<sup>2</sup> 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.

<sup>3</sup> 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.

**Discounts on covered materials**

Frames:	20% off amount over allowance
Conventional contacts	20% off amount over allowance
Disposable contact	20% off amount over allowance

**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

**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.*

<b>Lens type*</b>	<b>Member out-of-pocket<sup>5</sup></b>
Ultraviolet coat	\$12
Tints, solid	\$15
Tints, gradient	\$18
Blue light filtering	\$15
Digital single vision	\$30
<b>Anti-reflective coating</b>	
Premium/Ultra/Ultimate	\$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.

<sup>5</sup> Discounts and maximums may vary by lens type. Please check with your provider

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.*

