



Presenting the Superior Vision Plan Prepared for  
**Port Neches – Groves Independent School District**

**Outline of Benefits**

**Co-payments:** **\$10 Comprehensive Eye Exam**  
**\$10 Materials**  
**\$25 Contact Lens Fitting Exam**

In-network co-pays are paid directly to the provider.  
 Out-of-network co-pays will be deducted from the out-of-network reimbursement.  
 Materials co-pay applies to lenses and/or frames, not contact lenses.

	<b>In-Network<sup>1</sup></b>	<b>Out-of-Network<sup>1</sup></b>
<b>Comprehensive Eye Exam:</b>		
Ophthalmologist (MD)	Covered in Full	Up to \$42
Optometrist (OD)	Covered in Full	Up to \$37
<b>Standard Lenses (Per Pair):</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
Progressives	Covered to provider's retail trifocal amount	Up to \$61
<b>Contact Lenses (Per Pair):<sup>2</sup></b>		
Medically Necessary	Covered in Full	Up to \$210
Elective <sup>3</sup>	Up to \$100	Up to \$100
<b>Contact Lens Fitting<sup>4</sup></b>		
Standard	Covered in Full	Not Covered
Specialty	Up to \$50	Not Covered
<b>Frames-Standard<sup>3</sup></b>	Up to \$130	Up to \$68

<sup>1</sup> All in-network and out-of-network allowances are at the retail value.  
<sup>2</sup> Contact lenses are in lieu of eyeglass lenses and frames benefit.  
<sup>3</sup> The insured is responsible for paying any charges in excess of this allowance.  
<sup>4</sup> Standard contact lens fitting applies to an existing contact lens user who wears disposable, daily wear, or extended wear lenses only. The specialty contact lens fitting applies to new contact lens wearers and/or a member who wears toric, gas permeable, or multi-focal lenses.

**Plan Frequency**

Comprehensive Exam	12 Months
Contact Lens Fitting Exam	12 Months
Lenses	12 Months
Frames	12 Months
Contact Lenses	12 Months

**Monthly Rates:**

Employee Only	\$9.96
Employee and Spouse	\$19.74
Employee and Child(ren)	\$19.34
Employee and Family	\$29.42

**Materials 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**

<b>Lens Options and Upgrades</b>	<b>Member pays 20% off retail up to:</b>
Scratch coat (factory)	\$13 (single vision & standard lined multifocal lenses)
Ultraviolet coat	\$15 (single vision & standard lined multifocal lenses)
Standard anti-reflective coat	\$50 (single vision & standard lined multifocal lenses)
High Index 1.6	\$55 (single vision lenses only)
Polycarbonate	\$40 (single vision lenses only)
Standard photochromic	\$80 (single vision lenses only)
Plastic tints solid or gradient	\$25 (any type lenses)
Glass coloring	\$35 (any type lenses)
	<b>Member pays:</b>
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 you. These upgrades will be available at a 20% discount off retail.

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%.

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

*Disclaimer: All final determinations of benefits, administrative duties, and definitions are governed by the Certificate of Insurance Coverage for your vision plan. Please check with your Benefits Administrator or Human Resources department if you have any questions.*

**Materials 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, standard hard or soft	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.

**Refractive Surgery Discounts**

Superior Vision Services has a nationwide network of refractive surgeons. These providers offer Superior Vision Plan members a discounted rate off the usual and customary prices for LASIK surgery. These discounts vary depending on the provider but are the best possible discounts available to Superior Vision.