



Vision Plan Benefits for The University of Texas System

You may choose from two plans: Superior Basic Plan, or Superior Plus Plan

Benefits through Superior National Network



Superior Basic Plan		Superior Plus Plan	
Co-Pays		Co-Pays	
Exam	\$35	Exam	\$35
Materials ¹	\$0	Materials ¹	\$0
Contact Lens Fitting	\$35	Contact Lens Fitting	\$35
Monthly Premiums		Monthly Premiums	
Emp. only	\$5.02	Emp. only	\$7.64
Emp. + spouse	\$7.90	Emp. + spouse	\$11.98
Emp. + child(ren)	\$8.10	Emp. + child(ren)	\$12.82
Emp. + family	\$12.84	Emp. + family	\$18.10
Services/Frequency		Services/Frequency	
Exam	1 per plan year	Exam	1 per plan year
Frames	1 per plan year	Frames	1 per plan year
Contact Lens Fitting	1 per plan year	Contact Lens Fitting	1 per plan year
Lenses	1 pair per plan year	Lenses	1 pair per plan year
Contact Lenses	1 allowance per plan year	Contact Lenses	1 allowance per plan year
	In-Network		Out-of-Network
Exam (MD)	Covered in full	Exam (MD)	Up to \$42
Exam (OD)	Covered in full	Exam (OD)	Up to \$42
Frames	\$140 retail allowance	Frames	Up to \$53
Contact Lens Fitting (standard ²)	Covered in full	Contact Lens Fitting (standard ²)	Not covered
Contact Lens Fitting (specialty ²)	\$50 retail allowance	Contact Lens Fitting (specialty ²)	Not covered
Lenses (standard) per pair		Lenses (standard) per pair	
Single Vision	Covered in full	Single Vision	Up to \$32
Bifocal	Covered in full	Bifocal	Up to \$46
Trifocal	Covered in full	Trifocal	Up to \$61
Polycarbonate for dependent children only (up to age 25)	Not covered	Polycarbonate for dependent children only (up to age 25)	Not covered
Scratch coat (factory)	Not covered	Scratch coat (factory)	Not covered
Ultraviolet coat	Not covered	Ultraviolet coat	Not covered
Progressive lens	See description ³	Progressive lens	Up to \$61
Contact Lenses ⁵	\$125 retail allowance	Contact Lenses ⁵	Up to \$100
	In-Network		Out-of-Network
	Covered in full		Up to \$42
	Covered in full		Up to \$42
	\$165 retail allowance		Up to \$81
	Covered in full		Not covered
	\$50 retail allowance		Not covered
	Covered in full		Up to \$32
	Covered in full		Up to \$46
	Covered in full		Up to \$61
	Covered in full		Not covered
	Covered in full		Not covered
	Covered in full		Up to \$61
	\$120 retail allowance ⁴		Up to \$100
	\$150 retail allowance		Up to \$100

After co-pays. Co-pays apply to in-network benefits only.

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

² Specialty contact lens fitting fee applies to new contact wearers and/or a member who wear toric, gas permeable, or multifocal lenses.

³ Covered at the provider's in-office retail price for a standard lined trifocal; member pays difference between the progressive and the trifocal minus a 20% discount on the overage. Applicable co-pay applies

⁴ Overages on standard progressive lenses will be the member's responsibility

⁵ Contact lenses are in lieu of eyeglass lenses and frames benefit.

superiorvision.com

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