

# VISION – Superior Vision



**SUPERIOR VISION**

See yourself healthy.

## Pampa ISD

Tier	Monthly Premiums
Employee	\$6.57
Employee + One Dependent	\$13.16
Employee + Family	\$21.16

Co-pays	Amount	Services	Frequency
Exam <sup>1</sup>	\$10	Exam	12 Months
Eyewear <sup>2</sup>	\$25	Frame	24 Months
		Lenses	12 Months
		Contact Lenses	12 Months

Benefits	In-Network	Out-of-Network
Exam	Covered in Full	Up to \$35
Frame	\$130 retail allowance	Up to \$70
Lenses (Clear, Standard, Glass or Plastic) Per Pair:		
Single Vision	Covered In Full	Up to \$25
Bifocal	Covered In Full	Up to \$40
Trifocal	Covered In Full	Up to \$45
Progressive <sup>3</sup>	Allowance at standard trifocal level	Up to \$45
Lenticular	Covered In Full	Up to \$80
Polycarbonate	Covered in Full	Up to \$20
Scratch Resistant Coating	Covered in Full	Up to \$25
Contact Lenses <sup>4</sup>	\$130 retail allowance	Up to \$70
Medically Necessary Contact Lenses	Covered In Full	Up to \$150
Laser Vision Correction <sup>5</sup>	\$200 allowance	\$200 allowance

Co-pays are due in full to in-network providers at the time of service. Co-pays associated with services provided by out-of-network providers will be deducted from member reimbursements.

All allowances are at a retail value; the member is responsible for any charges in excess of this retail allowance.

<sup>1</sup> Eye exam co-pay is a single payment due to the provider at the time of service.

<sup>2</sup> Eyewear co-pay applies to eyeglass lenses / frame and contact lenses. Eyewear co-pay is a single payment that applies to the entire purchase of eyeglasses (frame and lenses) or contacts in lieu of glasses. Services and eyewear obtained through out-of-network providers are subject to the same co-payment and limitations as services through participating providers.

<sup>3</sup> If progressives are purchased, Member receives an allowance equal to the in-network provider's usual and customary retail charge for standard trifocal lenses.

<sup>4</sup> Contact lenses and related professional services (fitting, evaluation and follow-up) are in lieu of eyeglass lenses and frame benefit.

<sup>5</sup> Members may elect to receive laser vision correction services ("LASIK Services") in lieu of the prescription eyewear described above (eyeglass lenses / frame or contact lenses) during a single benefit period. Members electing to receive LASIK Services are entitled to an allowance as outlined above if received from a participating provider **OR** if received from a non-participating provider. When LASIK Services are received from a participating provider in the National Lasik Network, the member is also entitled to receive the participating provider's program pricing. The LASIK Services allowance will be paid only one time per member and is subject to certain exclusions and limitations.