The University of Texas System



An overview of the University of Texas Vision Plan

Two options for 2023



Basic Plan

or

Plus Plan

Both vision plans include:

- Eye Examination
- Prescription lenses
- Frames
- Contacts lenses (in lieu of glasses)
- Contacts fitting exam fee
- Value extending discounts for insured pair, LASIK and additional services

Choosing the Right Plan

What to look for:

- Allowances
- Copays
- Lens Options

Click here to learn more about The University of Texas Vision Plan





The Basic Plan

Co-pay

- Eye Exam \$35
- Materials \$0
- Contact Lens Fitting \$35

Frames

\$140 retail allowance

Lens Benefits

- Standard lenses covered
- Progressive lenses covered at provider's in-office retail trifocal amount

Contact Lens Benefits

- \$125 elective
- Medical Necessary covered

Plan Frequency

• All services: 1 per plan year

Contact lenses are in lieu of eyeglass lens and frames benefit

Vision Plan Benefits for The University of Texas System



Superior Basic Plan Monthly Premiums

Employee Only	\$5.02
Employee + Spouse	\$7.90
Employee + Child(ren)	\$8.10
Employee + Family	\$12.84
Co-pays	

Contact Lens Fitting	
Services/Frequence	CV

Exam	1 per plan year
Frames	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

Exam Materials

Exam (Ophthalmologist)	Covered-in-full ¹	Up to \$42 retail	
Exam (Optometrist)	Covered-in-full ¹	Up to \$37 retail	
Frames	\$140 retail allowance	Up to \$53 retail	
Contact Lens Fitting (Standard)	Covered-in-full ¹	Not covered	
Contact Lens Fitting (Specialty ²)	\$50 retail allowance ¹	Not covered	
Lenses (Standard) Per Pair:			
Single Vision	Covered-in-full	Up to \$32 retail	
Bifocal	Covered-in-full	Up to \$46 retail	
Trifocal	Covered-in-full	Up to \$61 retail	
Polycarbonate, for dependent			
children only (up to age 25)	Not covered	Not covered	
Scratch coat (factory)	Not covered	Not covered	
Ultraviolet coat	Not covered	Not covered	
Progressive lens	See description ³	Up to \$61 retail	
Contact Lenses ⁴	\$125 retail allowance	Up to \$100 retail	

Superior Plus Plan

\$7.64 \$11.98 \$12.82 \$18.10
\$35 \$0 \$35
1 per plan year 1 per plan year 1 per plan year 1 pair per plan year 1 allowance per plan year

- 1	In-Network	Out-of-Network
1	Covered-in-full ¹	Up to \$42 retail
ı	Covered-in-full ¹	Up to \$37 retail
١	\$165 retail allowance	Up to \$81 retail
١	Covered-in-full ¹	Not covered
١	\$50 retail allowance ¹	Not covered
١	Covered-in-full	Up to \$32 retail
١	Covered-in-full	Up to \$46 retail
1	Covered-in-full	Up to \$61 retail
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Covered-in-full	Not covered
overed-in-full	Not covered
overed-in-full	Not covered
120 retail allowance ⁵	Up to \$61 ret
150 retail allowance	Up to \$100 re
150 retail allowance	00 00 410010

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After co-pays. Co-pays apply to in-network benefits only
Specially contact lens fitting fee applies to new contact lens wearers and/or a member who wears toric, gas permeable, or multifocal lenses
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
Contact lenses are in lieu of eyeglass lenses and frame benefit

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

The Plus Plan

Co-pays

- Eye Exam \$35
- Materials \$0
- Contact Lens Fitting \$35

Frames

• \$165 retail allowance

Lens Benefits

- Standard lenses covered
- Progressive lenses \$120 retail allowance

Contact Lens Benefits

- \$150 elective
- Medical Necessary covered

Plan Frequency

All services: 1 per plan year

Covered Lens Options

- Scratch coat
- Polycarbonates for dependents to age 25
- Ultraviolet coat

Contact lenses are in lieu of eyeglass lens and frames benefit



Superior Basic Plan

Monthly Premiums	
Employee Only	\$5.02
Employee + Spouse	\$7.90
Employee + Child(ren)	\$8.10
Employee + Family	\$12.84
C	

Co-pays	
xam	\$35
Materials	\$0
Contact Lens Fitting	\$35

Services/Frequency

Exam	1 per plan year
Frames	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

Exam (Ophthalmologist) Exam (Optometrist) Frames Contact Lens Fitting (Standard)	Covered-in-full ¹ Covered-in-full ¹ \$140 retail allowance Covered-in-full ¹	Up to \$42 retail Up to \$37 retail Up to \$53 retail Not covered
Contact Lens Fitting (Specialty ²) Lenses (Standard) Per Pair:	\$50 retail allowance ¹	Not covered
Single Vision	Covered-in-full	Up to \$32 retail
Bifocal	Covered-in-full	Up to \$46 retail
Trifocal	Covered-in-full	Up to \$61 retail
Polycarbonate, for dependent		
children only (up to age 25)	Not covered	Not covered
Scratch coat (factory)	Not covered	Not covered
Ultraviolet coat	Not covered	Not covered
Progressive lens	See description ³	Up to \$61 retail
Contact Lenses ⁴	\$125 retail allowance	Up to \$100 retail

In-Network

SII	perior	Plus	Plan
Su	perior	Flus	Fian

	\$11.9 \$12.8 \$18.1	2
	\$3 \$ \$3	0
1 1 1 pair	per plan yea per plan yea per plan yea per plan yea per plan yea	r

1 allo

k I I	In-Network Covered-in-full ¹ Covered-in-full ¹ \$165 retail allowance Covered-in-full ¹ \$50 retail allowance ¹	Out-of-Network Up to \$42 retail Up to \$37 retail Up to \$81 retail Not covered Not covered
	Covered-in-full Covered-in-full Covered-in-full	Up to \$32 retail Up to \$46 retail Up to \$61 retail
l ail	Covered-in-full Covered-in-full Covered-in-full \$120 retail allowance \$150 retail allowance	Not covered Not covered Not covered Up to \$61 retail Up to \$100 retail

¹ After co-pays. Co-pays apply to in-network benefits only
² Specialty contact lens fitting fee applies to new contact lens wearers and/or a member who wears 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 and discount on the overage. Applicable co-pay applies
⁴ Contact lenses are in lieu of eyeglass lenses and frame benefit
⁵ Overages on standard progressive lenses will be the member's responsibility

Out-of-Networ

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Progressives

How they are covered

Basic Plan

Covers progressive lenses at the provider's in-office retail price for a standard lined *trifocal*.

Members pay the difference between their chosen progressive lens and that provider's price for a lined trifocal.

Plus Plan

Premium progressive: members receive a \$120 retail allowance toward the provider's retail cost for a standard progressive.

If applicable, the member is responsible for anything over the \$120 retail allowance.





Contact Lens Fitting Benefit

Stand-alone benefit; separate from eye exam. Great value for a small co-pay

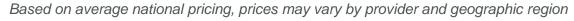
- Two types of fittings
 - Standard: Covered in full
 - Specialty: \$50 allowance
- Contact lens allowance is <u>not</u> reduced by the contact lens fitting costs

Example

Assume: Annual contact lenses purchase = \$150; annual contact lens allowance = \$125 (Basic), \$150 (Plus); contact lens fitting exam = \$70

Basic Plan		Plus Plan	
Apply contacts allowance CL fitting (covered in full) CL fitting co-pay	\$25 \$0 \$35	CL fitting (covered in full)	\$0 \$0 35
Member out – of – pocket	\$60	Member out – of – pocket \$	35







An in-depth look at Superior Vision Discounts



Lens Add-On Discounts ⁵	Your Cost
Ultraviolet coating	\$12
Tints - solid / gradient	\$15 / \$18
Polycarbonate lenses	\$40
Blue light filtering	\$15
Digital single vision	\$30
Progressive lenses (premium / ultra / ultimate)	\$110/\$150/\$225
Anti-reflective coating (standard / premium / ultra / ultimate)	\$50 / \$70 / \$85 / \$120
Polarized lenses	\$75
Plastic photochromic lenses	\$80
Hi-index (1.67 / 1.75)	\$80/\$120

Overage Discounts ⁵	Amount
Frames	20% off amount over allowance
Conventional contacts	20% off amount over allowance
Disposable contacts	10% off amount over allowance

Non-Covered Services Discounts ⁵	Amount
Exams, frames, prescription lenses	30% off retail
Contacts, miscellaneous options	20% off retail
Disposable contact lenses	10% off retail
Retinal imaging	\$39 cost



LASIK Discounts⁵

Multiple discounts on laser vision correction procedures may be available to you. To learn more, visit superiorvision.com or contact your benefits coordinator.



Hearing Aid Discounts⁵

Through Your Hearing Network, you have access to discounts on hearing services, devices, and accessories. To learn more, visit superiorvision.com or contact your benefits coordinator.



¹Not all providers participate in Superior Vision Discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if he/she offers the discount and member out-of-pocket features are not insurance. Discounts and member out-of-pocket are subject to change without notice and do not apply if prohibited by the manufacturer. Lens options may not be available from all Superior Vision providers/all locations.



Flexibility and Choice

- In- and out-of-network benefits available
 - Greater value using in-network eye care providers
- No restrictions/limitations on choice of frames
- Flexibility to go to one provider for exam, another for materials
- Out-of-pocket costs can be pre-tax if enrolled in the UT FLEX Health Care Reimbursement Account





Our Network is Built to Support Members

We Make it Easy to Use In-Network Benefits

Superior Vision Network Highlights

- Largest network with 132,000+ national points of access² (11,533 in Texas)
- All 50 of the Top 50 retail chains
- Network includes:
 - Optometrists (ODs)
 - Ophthalmologists (MDs)
 - · Opticians / Optical Retail Chains

Online Retailers

1800 contacts*
contactsdirect

befitting

a better way to buy glasses you love

GLASSES.COM

National & Regional Retailers













LensCrafters



JCPenney | optical

Additional Retailers Include:

Target Optical
Optical
Texas State Optical
Houston Eye
All About Eyes

Pearle Vision
For Eyes
Nationwide Vision
Standard Optical
Rx Optical

LensCrafters
MyEyeDr
Midwest Vision
Site For Sore Eyes
SEE Optical



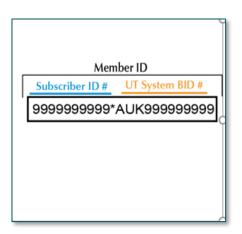


UT Member ID Cards

Custom ID card improves service

- Mailed to each family
- Valid for entire family
- Not required for service
- Can print replacements at SuperiorVision.com/UT



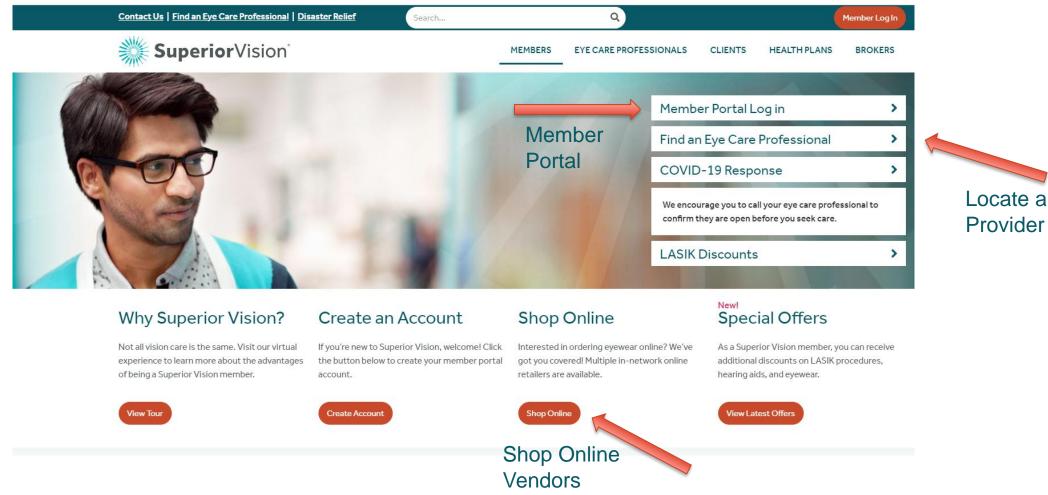






Superior Vision Website

SuperiorVision.com





Locate a Superior Vision Provider

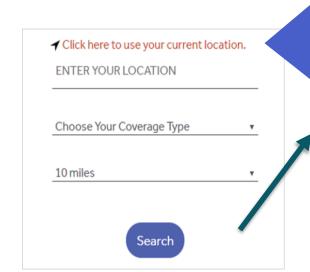
SuperiorVision.com

Find an in-network eye care professional

It's easy to find an in-network eye care professional. Follow the simple instructions below to get started.

Here's how to find an eye care professional near you

- 1. Visit <u>superiorvision.com</u> and click "Find an eye care professional."
- 2. Enter your location information.
- 3. Select the "Insurance Through Your Employer" option.
- 4. Pick your plan's network from the drop-down list.
- 5. Choose your desired distance.
- 6. Select the "Search" button.





Your network is **Superior National**



Member Portal

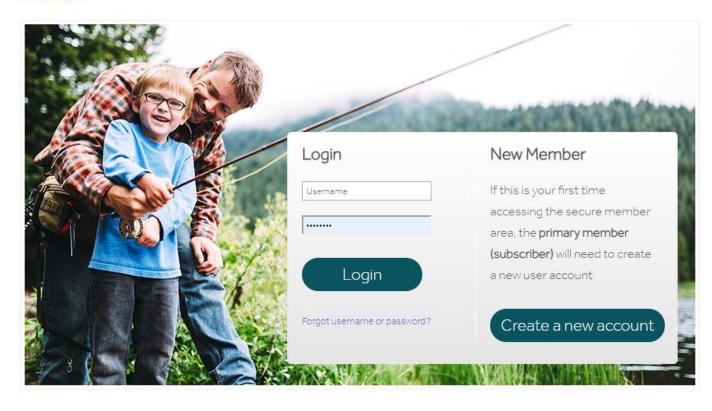
- Benefits and plan design details
- Print duplicate ID cards
- Verify member and family coverage
- Search provider listings and print maps
- Download forms
- Email link for requests and messages

For more info, visit

https://microsite.superiorvision.com/utsystem/



MEMBERS







Group Plan: (800) 507-3800

Superior Vision mobile app is also ready to help

It's easy to use and highly rated



Create an online account

Log in with the same username and password as superiorvision.com, or create a new account in the app.



View vision benefits

Review your vision benefits and eligibility information for yourself and for any dependents.



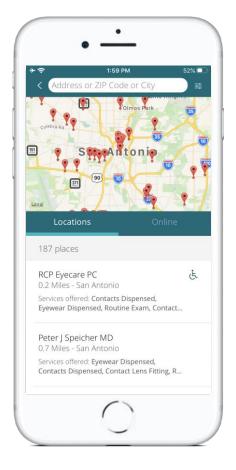
Locate a vision provider

Find a vision provider in your network, call the provider, visit their website and even get directions



Display member ID card

View your member ID card full screen. print and email it.











Have Questions?

We have answers!

Benefit information

Eligibility Status

Claims information

Provider listings

Assistance with issues and special requests

Join us online

Visit: <u>superiorvision.com</u>

Or, give us a call

1 (844) 549 - 2603

Live support (Central Time):

 $\begin{array}{ll} \mbox{Monday} - \mbox{Friday} & 8 \mbox{ am} - 9 \mbox{ pm} \\ \mbox{Saturday} & 10 \mbox{ am} - 3:30 \mbox{ pm} \end{array}$





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