

SUPERIOR VISION

See yourself healthy.

Vision Plan Benefits for City of Tyler

You may choose from two plans: Gold \$150 Full Service Plan, or Gold \$100 Full Service Plan



Plan 1 Gold \$150 Full Service	
Co-pays	
Exam	\$10
Materials	\$25
Monthly Premiums	
Emp. Only	\$6.15
Emp. + spouse	\$10.50
Emp. + child(ren)	\$11.15
Emp. + family	\$16.70
Services/Frequency	
Exam	12 months
Frames	24 months
Lenses	12 months
Contact Lenses	12 months

Plan 2 Gold \$100 Full Service	
Co-pays	
Exam	\$10
Materials	\$25
Monthly Premiums	
Emp. Only	\$5.50
Emp. + spouse	\$9.30
Emp. + child(ren)	\$9.90
Emp. + family	\$14.80
Services/Frequency	
Exam	12 months
Frames	24 months
Lenses	12 months
Contact Lenses	12 months

Benefits	In-Network		Out-of-Network	
Exam	Covered in full		Up to \$35	
Frames	\$150 retail allowance		Up to \$70	
Lenses (standard) 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	See description ¹		Up to \$45	
Lenticular	Covered in full		Up to \$80	
Contact Lenses ²	\$150 retail allowance		Up to \$80	
Medically Necessary Contact Lenses	Covered in full		Up to \$150	
Laser Vision Correction		\$200 allowance ³		

Benefits	In-Network		Out-of-Network	
Exam	Covered in full		Up to \$35	
Frames	\$100 retail allowance		Up to \$55	
Lenses (standard) 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	See description ¹		Up to \$45	
Lenticular	Covered in full		Up to \$80	
Contact Lenses ²	\$125 retail allowance		Up to \$65	
Medically Necessary Contact Lenses	Covered in full		Up to \$150	
Laser Vision Correction		\$200 allowance ³		

Co-pays apply to in-network benefits; deductibles for out-of-network visits are deducted from reimbursements

¹ Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay

² Contact lenses and related professional services (fitting, evaluation and follow-up) are covered in lieu of eyeglass lenses and frames benefit

³ Laser Vision Correction is in lieu of eyewear benefit, subject to routine regulatory filings and certain exclusions and limitations

Discount Features

Non-Covered Eyewear Discount: Members may also receive a discount of 20% from a participating provider's usual and customary fees for eyewear purchases which exceed the benefit coverage (except disposable contact lenses, for which no discount applies). This includes eyeglass frames which exceed the selected benefit coverage, specialty lenses (i.e. progressives) and lens "extras" such as tints and coatings. Eyewear purchased from a Walmart Vision Center does not qualify for this additional discount because of Walmart's "Always Low Prices" policy.

SuperiorVision.com
Customer Service
800.507.3800

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.

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.