

Vision plan benefits for City of Grand Prairie

You may choose from two plans: exam only, or exam & materials plan

Benefits through Superior National network



Exam Only Plan

Copays	
Exam	\$10
Materials ¹	N/A
Contact lens fitting	N/A

Monthly premiums	
Emp. only	\$1.98
Emp. + spouse	\$3.94
Emp. + child(ren)	\$3.58
Emp. + family	\$5.90

Services/frequency	
Exam	12 months
Frames	N/A
Contact lens fitting	N/A
Lenses	N/A
Contact lenses	N/A

Exam & Materials Plan

Copays	
Exam	\$10
Materials ¹	\$25
Contact lens fitting	\$25

Monthly premiums	
Emp. only	\$7.24
Emp. + spouse	\$14.56
Emp. + child(ren)	\$12.72
Emp. + family	\$21.36

Services/frequency	
Exam	12 months
Frames	12 months
Contact lens fitting	12 months
Lenses	12 months
Contact lenses	12 months

Benefits

Exam (MD)	Covered in full	Up to \$42
Exam (OD)	Covered in full	Up to \$37
Frames	N/A	N/A
Contact lens fitting (standard ²)	N/A	N/A
Contact lens fitting (specialty ²)	N/A	N/A
Lenses (standard) per pair		
Single vision	N/A	N/A
Bifocal	N/A	N/A
Trifocal	N/A	N/A
Progressive (standard) ³	N/A	N/A
Polycarbonate for dep children	N/A	N/A
Factory scratch coat	N/A	N/A
UV coating	N/A	N/A
Contact lenses ⁴	\$N/A	N/A

	In-network	Out-of-network
Exam (MD)	Covered in full	Up to \$42
Exam (OD)	Covered in full	Up to \$37
Frames	N/A	N/A
Contact lens fitting (standard ²)	N/A	N/A
Contact lens fitting (specialty ²)	N/A	N/A
Lenses (standard) per pair		
Single vision	N/A	N/A
Bifocal	N/A	N/A
Trifocal	N/A	N/A
Progressive (standard) ³	N/A	N/A
Polycarbonate for dep children	N/A	N/A
Factory scratch coat	N/A	N/A
UV coating	N/A	N/A
Contact lenses ⁴	\$N/A	N/A

	In-network	Out-of-network
Exam (MD)	Covered in full	Up to \$42
Exam (OD)	Covered in full	Up to \$37
Frames	\$130 retail allowance	Up to \$68
Contact lens fitting (standard ²)	Covered in full	Not covered
Contact lens fitting (specialty ²)	\$50 retail allowance	Not covered
Lenses (standard) per pair		
Single vision	Covered in full	Up to \$32
Bifocal	Covered in full	Up to \$46
Trifocal	Covered in full	Up to \$61
Progressive (standard) ³	Covered in full	Up to \$46
Polycarbonate for dep children	Covered in full	Not covered
Factory scratch coat	Covered in full	Not covered
UV coating	Covered in full	Not covered
Contact lenses ⁴	\$120 retail allowance	Up to \$120

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

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

² Standard Contact Lens Fitting applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Specialty Contact Lens Fitting applies to new contact wearers and/or a member who wear toric, gas permeable, or multi-focal lenses.

³ If premium progressive lenses are selected, members receive an allowance based on the provider's charges for standard progressive lenses.

⁴ Contact lenses are in lieu of eyeglass lenses and frames benefit.

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(800) 507-3800

Discount features

Look for providers in the provider directory who accept discounts, as some do not; please verify their services and discounts (range from 10%-30%) prior to service as they vary.

Discounts on covered materials

Frames:	20% off amount over allowance
Lens options:	20% off retail
Progressives:	20% off amount over retail lined trifocal lenses, including lens options
Specialty contact lens fit:	10% off retail, then apply allowance

Maximum member out-of-pocket

The following options have out-of-pocket maximums⁵ on standard (not premium, brand, or progressive) lenses.

	Single vision	Bifocal & trifocal
Tints, solid or gradients	\$25	\$25
Anti-reflective coat	\$50	\$50
High index 1.6	\$55	20% off retail
Photochromics	\$80	20% off retail

⁵ Discounts and maximums may vary by lens type. Please check with your provider.

Discounts on non-covered exam, services and materials

Exams, frames, and prescription lenses:	30% off retail
Lens options, contacts, miscellaneous options:	20% off retail
Disposable contact lenses:	10% off retail
Retinal imaging:	\$39 maximum out-of-pocket

Refractive surgery

Superior Vision has a nationwide network of independent refractive surgeons and partnerships with leading LASIK networks who offer members a discount. These discounts range from 10%-50%, and are the best possible discounts available to Superior Vision.

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.

