

Vision plan benefits for Clark County School District

Support Professionals, Police & Police Admin



Copays		Services/frequency	
Exam	\$0	Exam*	12 months
Materials1	\$0	Frame	24 months
Contact lens fitting (standard & specialty)	\$0	Contact lens fitting	12 months
		Lenses*	12 months
		Contact lenses	12 months

*exam and lenses frequencies are 2x per 12 months for members under age 19
(based on date of service)

Benefits through Superior National network

	In-network	Out-of-network
Exam (ophthalmologist)	Covered in full	Up to \$46 retail
Exam (optometrist)	Covered in full	Up to \$46 retail
Frames – participating providers*	\$145 retail allowance OR	
Frames – Other Providers	\$120 retail allowance	Up to \$62 retail
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 \$55 retail
Bifocal	Covered in full	Up to \$75 retail
Trifocal	Covered in full	Up to \$95 retail
Progressives lens upgrade	See description ³	Up to \$95 retail
Lenticular	Covered in full	Up to \$125 retail
Photochromic for dependent children	Covered in full	Up to \$53 retail
Tints, solid or gradient	Covered in full	Up to \$11 retail
Ultraviolet coat	Covered in full	Up to \$11 retail
Factory scratch coat	Covered in full	Up to \$11 retail
Polycarbonate for dependent children	Covered in full	Up to \$28 retail
Contact lenses ⁴	\$120 retail allowance	Up to \$105 retail
Medically necessary contact lenses	Covered in full	Up to \$210 retail

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

***Available on all frames received through Independent Eyecare Professionals that participate in Superior Vision's Eyewear Dispensing Program. Most of the independent Eyecare Professionals in Superior Vision's network participate in this program.**

*** Diabetic eye care services are included as detailed in the policy**

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 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

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

Discount features

Discounts on covered materials⁵

These discounts apply to the glasses and contacts that are covered under the vision benefits.

Frames:	20% off amount over allowance
Conventional contacts	20% off amount over allowance
Disposable contact	10% off amount over allowance

Lens type*	Member out-of-pocket ⁵
Polycarbonate	\$40
Blue light filtering	\$15
Digital single vision	\$30
Progressive lenses	
Standard/Premium/Ultra/Ultimate	\$55 / \$110 / \$150 / \$225
Anti-reflective coating	
Standard/Premium/Ultra/Ultimate	\$50 / \$70 / \$85 / \$120
Polarized lenses	\$75
Plastic photochromic lenses	\$80
High Index (1.67 / 1.74)	\$80 / \$120

* The above table highlights some of the most popular lens type and is not a complete listing. This table outlines member out-of-pocket costs⁵ and are not available for premium/upgraded options unless otherwise noted.

⁵Not 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. 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.

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.

Discounts on non-covered exam, services and materials⁵

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

Laser vision correction (LASIK)⁵

Laser vision correction (LASIK) is a procedure that can reduce or eliminate your dependency on glasses or contact lenses. This corrective service is available to you and your eligible dependents at a special discount (20-50%) with your Superior Vision plan. Contact QualSight LASIK at (877) 201-3602 for more information.

Hearing discounts⁵

A National Hearing Network of hearing care professionals, featuring Your Hearing Network, offers Superior Vision members discounts on services, hearing aids and accessories. These discounts should be verified prior to service.

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.

