



## Vision Plan Benefits

[superiorvision.com](http://superiorvision.com)

(800) 507-3800

### Copays

Exam	\$0
Materials <sup>1</sup>	\$10
Contact lens fitting (standard & specialty)	\$10

### Services/frequency

Exam	12 months
Frame	12 months
Contact lens fitting	12 months
Lenses	12 months
Contact lenses	12 months

### Benefits through Superior National network

	In-network	Out-of-network
Exam (ophthalmologist)	Covered in full	Up to \$60 retail
Exam (optometrist)	Covered in full	Up to \$52 retail
Frames	\$175 retail allowance	Up to \$112 retail
Contact lens fitting (standard <sup>2</sup> )	Covered in full	Up to \$37 retail
Contact lens fitting (specialty <sup>2</sup> )	\$50 retail allowance	Up to \$37 retail
Lenses (standard) per pair		
Single vision	Covered in full	Up to \$45 retail
Bifocal	Covered in full	Up to \$65 retail
Trifocal	Covered in full	Up to \$86 retail
Progressive	See description <sup>3</sup>	Up to \$86 retail
Lenticular	Covered in full	Up to \$119 retail
Polycarbonate for dependent children	Covered in full	Not covered
Contact lenses <sup>4</sup>	\$175 retail allowance	Up to \$158 retail
Medically necessary contact lenses	Covered in full	Up to \$233 retail

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

<sup>1</sup> Materials co-pay applies to lenses and frames only, not contact lenses

<sup>2</sup> 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.

<sup>3</sup> 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.

<sup>4</sup> Contact lenses are in lieu of eyeglass lenses and frames benefit

### Discount features

#### Discounts on covered materials<sup>5</sup>

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

#### Discounts on non-covered exam, services and materials<sup>5</sup>

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)<sup>5</sup>

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 discounts<sup>5</sup>

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.*

<sup>5</sup>Not 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.

Lens type*	Member out-of-pocket <sup>5</sup>
Scratch coat	\$15
Ultraviolet coat	\$12
Tints, solid	\$15
Tints, gradient	\$18
Polycarbonate	\$40
Blue light filtering	\$15
Digital single vision	\$30
<b>Progressive lenses</b>	
Standard/Premium/Ultra/Ultimate	\$55 / \$110 / \$150 / \$225
<b>Anti-reflective coating</b>	
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 costs<sup>5</sup> and are not available for premium/upgraded options unless otherwise noted.

*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.*