

Superior Vision Plan - Exam & Materials Plan

Effective Date: July 1, 2015

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|----------------|-------------------------------|----------------|
| Copays: | Comprehensive Eye Exam | \$10.00 |
| | Materials¹ | \$10.00 |
| | Contact Lens Fitting | \$25.00 |

HOW TO USE THE PLAN

Welcome to Superior Vision’s vision plan. Superior Vision provides primary vision care benefits including eye examinations, prescription eyewear, and contact lenses through a broad-based provider network consisting of ophthalmologists, optometrists, and opticians. The plan also contracts with a large number of national and regional optometric chain locations.

Your first step should be to choose an eye care provider, or ensure that your current provider is part of the Superior Vision network. Go to www.superiorvision.com and click on “Locate a Provider” for an updated list. You will learn about “in-network” and “out-of-network” providers – it is an important distinction when receiving your benefits. You will also learn more about how to use your benefits, as well as the discounts that are available to you.

Remember that a routine eye exam is important not only for correcting vision problems, but for maintaining healthy eyes and overall health wellness. Superior Vision eye care providers are trained to test for and diagnosis a variety of health issues – not just eye problems. Take the time to get to know your vision plan, and start experiencing healthy eyes and healthy living.

| Benefits | Frequency | In-Network | Non-Network |
|--|-----------|------------------------------|---------------|
| Comprehensive Exam (by an Ophthalmologist) | 12 Months | Covered in Full | Up to \$44.00 |
| Comprehensive Exam (by an Optometrist) | 12 Months | Covered in Full | Up to \$39.00 |
| Lenses (Standard) per pair | | | |
| Single Vision | 12 Months | Covered in Full | Up to \$34.00 |
| Bifocal | 12 Months | Covered in Full | Up to \$48.00 |
| Trifocal | 12 Months | Covered in Full | Up to \$64.00 |
| Progressive lens upgrade | 12 months | See description ³ | Up to \$64.00 |
| Contact Lens Fitting* | | | |
| Standard | 12 Months | Covered in Full | Not Covered |
| Specialty | 12 Months | Up to \$50.00 | Not Covered |
| Frames (Standard) | 24 Months | Up to \$150.00 | Up to \$77.00 |
| Contact Lenses⁴ | 12 months | Up to \$150.00 | Up to \$100 |

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% - 40%) 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 lens, including lens options |

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

| Maximum Member Out-of-Pocket | | |
|-------------------------------------|----------------------|-------------------------------|
| | Single Vision | Bifocal & Trifocal |
| Scratch Coat | \$13 | \$13 |
| Ultraviolet Coat | \$15 | \$15 |
| Tints, solid, or gradients | \$25 | \$25 |
| Anti-reflective coat | \$50 | \$50 |
| Polycarbonate | \$40 | 20% off retail |
| High-Index 1.6 | \$55 | 20% off retail |
| Photochromic | \$80 | 20% off retail |

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

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

² See your benefits materials for definitions of standard and specialty contact lens fittings

³ Covered to the 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

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

Discounts on Non-Covered Exam and Materials

Superior Vision offers discounts on an unlimited number of materials after the member has exhausted their covered benefit.

| | |
|---|----------------|
| Exams, Frames, and prescription lenses | 30% off retail |
| Lens options, contacts, other prescription materials | 20% off retail |
| Disposable contact lenses | 10% off retail |

Refractive Surgery

Superior Vision has a nationwide network of refractive surgeons and leading LASIK networks who offer members a discount. These discounts range from 5% - 50%, and are best possible discounts available to Superior Vision.

| Bi-Weekly Rates | |
|-------------------------------|----------------|
| Employee Only | \$4.48 |
| Employee + 1 Dependent | \$8.68 |
| Employee + Family | \$12.74 |

Customer Service

800-507-3800

916-852-2277 fax

Explanation of benefits
 Provider locator; provider nomination
 Claims inquiries
 Authorization numbers (out-of-network)
 Grievance issues

Customer Service/Corporate Office

11101 White Rock Rd., Ste. 150
 Rancho Cordova, CA 95670

Claims Administration

P.O. Box 967
 Rancho Cordova, CA 95741

Disclaimer: All final determinations of benefits, administrative duties, and definitions are governed by the Certificate of Insurance Coverage for your vision plan. Please check with your Benefits Administrator or Human Resources department if you have any questions.

The Superior Vision Plan is underwritten by National Guardian Life Insurance Company. National Guardian Life Insurance Company is not affiliated with The Guardian Life Insurance Company of America, a/k/a The Guardian or Guardian Life

