
Superior Vision Plan

Effective Date: January 1, 2009

Outline of Benefits - Gold Preferred Plan With Materials Discount
 Vision Plan - Preferred Provider (PPO / Indemnity)
 Copayment Amount - \$10.00 Exam / \$15.00 Materials
 Contact Lens Fitting Copay - \$35.00

BENEFITS	FREQUENCY	IN-NETWORK	NON-NETWORK
Comprehensive Exam <i>(by an Ophthalmologist)</i>	12 Months	Covered in Full	Up to \$34.00
Comprehensive Exam <i>(by an Optometrist)</i>	12 Months	Covered in Full	Up to \$26.00
Lenses (Standard) per Pair:			
Single Vision	12 Months	Covered in Full	Up to \$32.00
Bifocal	12 Months	Covered in Full	Up to \$46.00
Trifocal	12 Months	Covered in Full	Up to \$57.00
Lenticular	12 Months	Covered in Full	Up to \$90.00
Contact Lenses (Per Pair)*:			
Medically Necessary	12 Months	Covered in Full	Up to \$210.00
Cosmetic (Elective)**	12 Months	Up to \$120.00	Up to \$100.00
Standard Contact Lens Fitting Fee	12 Months	Covered in Full	Not Covered
Specialty Contact Lens Fitting Fee	12 Months	Up to \$50.00	Not Covered
Frames (Standard)**	24 Months	Up to \$100.00	Up to \$ 47.00

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

***The insured is responsible for paying any charges in excess of this allowance.*

****Standard contact lens fitting fee applies to an existing contact lens user who wears disposable, daily wear, or extended wear lenses only. The specialty contact lens fitting fee applies to new contact lens wearers and/or a member who wears toric, gas permeable, or multifocal lenses. For the specialty fit, the member is responsible for any charges over \$50.*

HOW TO USE YOUR BENEFIT

IN-NETWORK

- Select a provider from the Superior Vision Services Provider Network.
- Use your personalized I.D. card to identify yourself. Provider will call SVS to verify eligibility. No paperwork is required from you.
- Pay the provider directly for the \$10 exam / \$15 material co-pays and the cost of any non-covered item.

OUT-OF-NETWORK

- Call SVS Member Services for your authorization number.

- Pay the non-network provider for all products and services.
- Submit your original itemized billing from the provider, along with your authorization number, to SVS Member Services for reimbursement in accordance with the Non-Network Schedule of Allowances less the \$10 exam/ \$15 material co-pays if applicable.

DEFINITIONS OF CONTACT LENSES

Contact Lenses, Elective/Cosmetic

Elective/Cosmetic contact lenses are those that are worn solely for cosmetic or convenience reasons. They are chosen because they are preferred over the wearing of conventional eyeglasses. Contact lenses covered by the Plan must contain a prescription for correcting a vision deficiency. Charges over the benefit allowance are paid directly to the provider.

Standard contact lens fitting fee applies to an existing contact lens user who wears disposable, daily wear, or extended wear lenses only. The specialty contact lens fitting fee applies to new contact lens wearers and/or a member who wears toric, gas permeable, or multifocal lenses. For the specialty fit, the member is responsible for any charges over \$50.

Contact Lenses, Medically Necessary

These lenses must be specifically prescribed by the eye doctor to be used for the reason or reasons described below. Reimbursement for these lenses will be considered as payment-in-full when utilizing an in-network provider.

- Aphakia (after cataract surgery without implant lens)
A pair of prescription single vision or multifocal eye glass lenses and an eyeframe can be provided along with contact lenses prescribed for this reason.
- When visual acuity cannot be corrected to 20/70 in the better eye except through the use of contact lenses (must be 20/60 or better).
- Anisometriopia of 4.0 diopters or more, provided visual acuity improves to 20/60 or better in the weak eye.
- Kerataconus

Note: The narrowing of visual fields due to high minus or high plus corrections is not considered a reason for medically necessary contact lenses.

DISCOUNT SVP8-20

Frames 20% off the difference between the covered frame allowance and the retail price of the selected frame.

Note: Discounts do no apply when prohibited by the manufacturer.

Add-on charges to lenses

·Factory Scratch Coat

·Ultraviolet Coat

·Standard Anti-Reflective Coat*

·High Index 1.6*

·Polycarbonate

·Standard Photochromic

·Glass coloring

·Plastic Tints solid or gradient

Member pays 20% off retail, up to:

\$13 (Single Vision & Standard Lined Multifocal Lenses)

\$15 (Single Vision & Standard Lined Multifocal Lenses)

\$50 (Single Vision & Standard Lined Multifocal Lenses)

\$55 (Single Vision Lenses Only)

\$40 (Single Vision Lenses Only)

\$80 (Single Vision Lenses Only)

\$35 (Any Type Lenses)

\$25 (Any Type Lenses)

·Power over 4.00D Sphere, 2.00D Cylinder & 5.00D Prism	20% discount off retail prices (Any Type Lenses)
·Cosmetic Finishing, Beveling, Edging & Mounting	20% discount off retail prices (Any Type Lenses)
·Miscellaneous Options	20% discount off retail prices (Any Type Lenses)

****Higher end or brand name lens upgrades are at an additional expense to the member. Apply maximum out of pocket expense toward the upgraded lens retail cost and the member is responsible for the difference less 20%.***

DISCOUNTS OF ADDITIONAL PURCHASES

·Prescription eyeglass lenses	30% discount off retail prices
·Eyeframes	30% discount off retail prices
·Add-on charges to basic lenses	20% discount off retail prices
·Contact lenses, standard hard or soft	20% discount off retail prices
·Disposable contact lenses	10% discount off retail prices
·All other prescription materials	20% discount off retail prices

Discounts are available for additional purchases of eyewear and contact lenses. Discounts are provided by Superior Vision Services contracted providers identified in the Provider Directory with a “DP”. Discounts do not apply to the insured benefit underwritten by National Guardian Life Insurance Company.

Refractive Surgery Discounts & Cosmetic Eyelid Surgery Discounts are available: Superior Vision Services has a nationwide network of refractive surgeons who specialize in the popular elective procedures of radial keratotomy (RK), photo-refractive keratotomy (PRK) and LASIK. These providers offer Superior Vision Plan members a 20% discount off their usual and customary surgical fees for these procedures. Ophthalmic plastic surgeons are also contracted to provide the procedure of blephoroplasty (cosmetic eyelid surgery) to Superior Vision Plan members on the same discount basis.

EXCLUSIONS (products & services not covered)

1. Professional Services and/or Materials in conjunction with:
 - a. ***blended bifocals, no line, or progressive lenses***
 - b. ***compensated or special multi-focal lenses***
 - c. ***plain (non-prescription) lenses***
 - d. ***anti-reflective, scratch, UV400 or any coating or lamination applied to lenses.***
 - e. ***subnormal vision aids***
 - f. ***tints other than solid***
 - g. ***orthoptics, vision training and developmental vision procedures***
 - h. ***polycarbonate lenses***
2. Medical or surgical treatment of the eyes
3. Any eye examination or any corrective eyewear required by an Employer as a condition of employment
4. Any injury or illness when covered under Workers’ Compensation or similar law
5. Plain or prescription sunglasses, no-line bifocals, blended lenses are not covered, an Insured may elect to apply the maximum allowance for standard

- lenses toward his or her cost of progressive lenses.
6. Subnormal vision aids
 7. Services rendered or Materials purchased outside the U.S. or Canada, unless:
 - a. the Member resides in the U.S. or Canada; and**
 - b. the charges are incurred while on a business or pleasure trip**
 8. Charges in excess of the Usual, Customary and Reasonable charge for the Professional Service or Materials
 9. Experimental or non-conventional treatment or device
 10. Safety eyewear
 11. Spectacle lens styles, materials, treatments or “add-ons” not shown in the Benefits Summary
 12. Services or Materials rendered by a provider other than an Ophthalmologist, Optometrist or Optician acting within the scope of his or her license
 13. Any additional service required outside basic vision analysis for contact lenses, except fitting fees.
 14. Services rendered after the date an Insured ceases to be covered under this Certificate, except when vision Materials ordered before coverage ended are delivered and the services rendered to the Insured within 31 days from the date of such order.
 15. Services rendered or Materials ordered before the date of coverage began under this Certificate
 16. Regardless of Optical Necessity, benefits are not available more frequently than which is specified in the Benefits Summary

Note: This is only a summary of the benefit plan. You may review and/or obtain a copy of the Master Policy and Certificate of Coverage by contacting your Human Resources/ Employee Benefits Office.

SEMI-MONTHLY COST

Employee Only	\$ 4.70
Employee + Family	\$11.80

**Member Services, Provider Listings, and
Claims Services: 800-507-3800 FAX: 916-852-2277**

To order contact lens via the internet go to this site: www.SVContacts.com

Provider Nominations:

Lee Sims @ 800-923-6766 X.254

Address:

Superior Vision Services, Inc.
11101 White Rock Road, Suite 150
Rancho Cordova, CA 95670



Network & Non-network Claims Submission:

Superior Vision Services, Inc.
P.O. Box 967
Rancho Cordova, CA 95741

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.”