

# *Superior Vision Plan*

## **Outline of Benefits – Gold Preferred Plan with Materials Discount Vision Plan – Preferred Provider (PPO / Indemnity)**

**Copayment: \$10.00 Exam**

**\$10.00 Materials<sup>1</sup>**

**\$25.00 Contact Lens Fitting Fee**

### **How to Use the Plan**

Welcome to Superior Vision's vision plan. Superior Vision provides primary vision care benefits including eye examinations, prescription eye wear, and contact lenses through a broad-based provider network consisting of ophthalmologist, optometrists, and opticians. The plan also contract 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](http://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 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 diagnose 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.

| <b>BENEFITS</b>                                             | <b>FREQUENCY</b> | <b>IN-NETWORK</b> | <b>NON-NETWORK</b> |
|-------------------------------------------------------------|------------------|-------------------|--------------------|
| <b>Comprehensive Exam</b><br><i>(by an Ophthalmologist)</i> | 12 Months        | Covered in Full   | Up to \$34.00      |
| <b>Comprehensive Exam</b><br><i>(by an Optometrist)</i>     | 12 Months        | Covered in Full   | Up to \$26.00      |
| <b>Lenses (Standard) per Pair</b>                           |                  |                   |                    |
| 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      |
| <b>Contact Lenses (Per Pair)<sup>2</sup></b>                |                  |                   |                    |
| Medically Necessary                                         | 12 Months        | Covered in Full   | Up to \$210.00     |
| Cosmetic (Elective) <sup>3</sup>                            | 12 Months        | Up to \$150.00    | Up to \$100.00     |
| <b>Contact Lenses Fitting Fee<sup>4</sup></b>               |                  |                   |                    |
| Standard                                                    | 12 Months        | Covered in Full   | Not Covered        |
| Specialty                                                   | 12 Months        | Up to \$50.00     | Not Covered        |
| <b>Frames (Standard)<sup>3</sup></b>                        | 24 Months        | Up to \$150.00    | Up to \$78.00      |

1. All in-network and out-of-network allowances are at the retail value.

2. Contact lenses are in lieu of eyeglass lenses and frames benefits.

3. The insured is responsible for paying any charges in excess of this amount.

4. Standard contact lens fitting 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.

## Discount Features

Look for providers in the Provider Directory who accept discounts; please verify their discounts prior to service.

## 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 maximums<sup>5</sup> on standard plastic single vision lenses, and select options are available on standard bifocal and trifocal lenses. Out-of-pocket maximums are not available on premium options or progressives.

|                           | Maximum Member<br>Single Vision | Out-of-Pocket<br>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                      |

## Discounts on Non-Covered Exams 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 partnerships with leading LASIK networks (QualSight, TruVision, and LasikPlus) who offer members discount. These discounts range from 20% - 50%, and are the best possible discounts available to Superior Vision.

## Items or Services Not Covered

While Superior Vision offers a variety of vision benefits, there are a few materials, services, and treatments that are generally not covered, or have limitations to their coverage. We do offer discounts on many of these items, as outlined in our discount plan coverage information. For a list of these, please see your benefits administrator. **Please confirm the details of your employer's plan prior to seeking services.**

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.

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

\*Higher end or brand name lens upgrades are at an additional expense. These upgrades will be available at a 20% discount off retail.

## SEMI-MONTHLY COST - FULL SERVICES PLAN

|                        |         |
|------------------------|---------|
| Employee Only          | \$ 4.63 |
| Employee + 1 Dependent | \$ 8.98 |
| Employee + Family      | \$13.19 |

### **Member Services, Provider Listings and Claims Services:**

**(800) 507-3800**

**(916) 852-2277 fax**

Authorization numbers (out-of-network)

Explanation of benefits

Provider locator; provider information

Claim inquiries

Grievance issues

### **Customer Service/Corporate Office**

11101 White Rock Rd., Ste. 150

Rancho Cordova, CA 95670

### **Claim 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 you 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*

**SUPERIOR VISION** 

See yourself healthy.