

Vision Plan

	In-Network	Out-of-Network
Eye Exam Frequency*	Every 12 months	Every 12 months
Co-pay for eye exam* <i>Ophthalmologist/ Optometrist</i>	\$10	Reimbursed up to \$44/\$39
Co-pay for materials	\$25	None
Frame Frequency	Every 12 months	Every 12 months
Frame Allowance	covered up to \$125 retail	up to \$64, after copay
Lens Frequency	Every 12 months	Every 12 months
Lens Allowance	Single Vision, Bifocal, Trifocal, Lenticular are covered in full after copay	Single Vision up to \$34, Bifocal up to \$48, Trifocal up to \$64, Lenticular up to \$88
Optional items - i.e. scratch coating, UV coating, anti-reflective, ect.	Out of Pocket Maximums Scratch Coat - \$13 UV Coat - \$15 Anti-Reflective - \$50 Tints - \$25 Polycarbonate - \$40	Employee pays retail
Contact lens allowance (in lieu of eyeglasses)	Every 12 months, medically necessary - covered in full, elective - up to \$120	Medically necessary - up to \$210, elective - up to \$100
Contact Lens Fitting Fee	\$25	Not Covered
Refractive Surgery	20% off UCR at Preferred Providers	Not Covered
*Eye Exam not covered under Materials Only Plan.		

- **There are 2 vision plans available:**
 - **Full Coverage Plan**
 - **Materials Only Plan**

- **For a list of providers, please visit www.superiorvision.com.**