

Enrollment Dates: May 14, 2010 - August 11, 2010

Superior Vision Plan 1 - Full Services

Effective Date: September 1, 2010

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

**Copayment: \$20.00 Exam
\$35.00 Contact Lens Fitting Fee
No Copayment for Materials**

| BENEFITS | FREQUENCY | IN-NETWORK | NON-NETWORK |
|--|------------------|-------------------|--------------------|
| Comprehensive Exam <i>(by an Ophthalmologist)</i> | 12 Months | Covered in Full | Up to \$44.00 |
| Comprehensive Exam <i>(by an Optometrist)</i> | 12 Months | Covered in Full | Up to \$39.00 |
| Standard Lenses (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 |
| Lenticular | 12 Months | Covered in Full | Up to \$88.00 |
| 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 |
| Contact Lens Fitting Fee*** | | | |
| Standard | 12 Months | Covered in Full | Not Covered |
| Specialty | 12 Months | Up to \$50.00 | Not Covered |
| Frames -Standard** | 24 Months | Up to \$100.00 | Up to \$50.00 |

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

** 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.

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. **YOUR specific Superior Vision Plan may differ, so confirm the details of your employer's plan prior to seeking services.**

Items or Services Not Covered or Have Limited Coverage*

- non-prescription (plano) lenses of any kind, sunglasses, or contact lenses
- any coating applied to lenses such as anti-reflective, scratch, UV, lamination, tints (except pink tint #1 and #2), and sunglass coloring

Enrollment Dates: May 14, 2010 - August 11, 2010

- any lens materials other than standard plastic or glass such as polycarbonate, hi-index, polaroid, and photochromic
- any special lens feature or treatment such as prisms, slab off, faceted, oversize lens greater than 61mm, polished bevel, groove, drill mount, notch, roll and polish, and blended bifocal
- progressive lenses (Though progressive lenses are not a covered benefit, the provider will apply the retail charge for standard trifocal lenses against the retail charge for the progressive lenses you selected. You are responsible for paying the provider the difference)
- replacement of broken, lost, or damaged frames and/or lenses
- orthoptics, vision training, and developmental vision procedures
- experimental or non-conventional treatment or device
- medical or surgical treatment of the eyes
- post-cataract lenses (intra-ocular)
- subnormal or low vision aids
- safety eyewear
- eye examination or corrective eyewear required by an employer as a condition of employment
- services or materials when covered under workers' compensation or similar third party coverage
- services or materials rendered by a provider other than an ophthalmologist, optometrist, or optician acting within the scope of his or her license
- any additional services or procedures outside of a routine eye exam and contact lens fitting
- services or materials rendered after the date a member ceases to be covered by the benefits plan except when vision materials ordered before coverage ended are delivered AND the corresponding services are provided to the member within 31 days of the initial order

Regardless of optical necessity, benefits are not available more frequently than that which is specified in the Outline of Benefits.

* Plans vary, so please refer to your own employer's specific coverage.

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.

Enrollment Dates: May 14, 2010 - August 11, 2010

Discount Features

Materials Discounts on Additional Purchases

| | |
|---|-----------------------|
| Prescription eyeglass lenses | 30% off retail prices |
| Eyeglass frames | 30% off retail prices |
| Add-on charges to basic lenses | 20% off retail prices |
| Everyday "frame and lens package pricing" | 20% off retail prices |
| Contact lenses, standard hard or soft | 20% off retail prices |
| Disposable contact lenses | 10% off retail prices |
| All other prescription materials | 20% off retail prices |

Materials Discount SVP8-20

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

Note: Discounts do not apply when prohibited by the manufacturer.

Add-ons to the covered pair of lenses:

| <u>Lens Options and Upgrades*</u> | <u>Member pays 20% off retail, up to:</u> |
|-------------------------------------|---|
| Factory scratch coat | \$13 (single vision & standard lined multifocal lenses) |
| Ultraviolet coat | \$15 (single vision & standard lined multifocal lenses) |
| Standard anti-reflective coat | \$50 (single vision & standard lined multifocal lenses) |
| High Index 1.6 | \$55 (single vision lenses only) |
| Polycarbonate | \$40 (single vision lenses only) |
| Standard photochromic | \$80 (single vision lenses only) |
| Glass coloring | \$35 (any type lenses) |
| Plastic, tints, solid, or gradients | \$25 (any type lenses) |

| <u>Lens Options and Upgrades</u> | <u>Member pays:</u> |
|--|--|
| Power over 4.00D Sphere, 2.00D Cylinder & 5.00D Prism | 20% discount off retail prices (any type lenses) |
| Cosmetic finishing, beveling, edging, and 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. These upgrades will be available at a 20% discount off retail.

Refractive Surgery Discounts

Superior Vision Services has a nationwide network of refractive surgeons. These providers offer Superior Vision Plan members a discounted rate off the usual and customary prices for LASIK surgery. These discounts vary depending on the provider but are the best possible discounts available to Superior Vision.

Enrollment Dates: May 14, 2010 - August 11, 2010

MONTHLY RATES - FULL SERVICE PLAN

| | |
|------------------------|---------|
| Employee Only | \$9.30 |
| Employee + 1 Dependent | \$18.05 |
| Employee + Family | \$26.50 |

Customer Service
800-507-3800
916-852-2277 fax

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



Enrollment Dates: May 14, 2010 - August 11, 2010

Superior Vision Plan 2 - Materials Only

Effective Date: September 1, 2010

Outline of Benefits - Materials Only

Vision Plan - Preferred Provider (PPO / Indemnity)

Copayment: \$15.00 - Materials
\$25.00 - Contact Lens Fitting Fee

| BENEFITS | FREQUENCY | IN-NETWORK | NON-NETWORK |
|------------------------------------|------------------|-------------------|--------------------|
| Eye Exams | No Benefit | No Benefit | No Benefit |
| Standard Lenses (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 |
| Lenticular | 12 Months | Covered in Full | Up to \$88.00 |
| 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 |
| Contact Lens Fitting Fee*** | | | |
| Standard | 12 Months | Covered in Full | Not Covered |
| Specialty | 12 Months | Up to \$50.00 | Not Covered |
| Frames -Standard** | 24 Months | Up to \$100.00 | Up to \$50.00 |

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

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- any special lens feature or treatment such as prisms, slab off, faceted, oversize lens greater than 61mm, polished bevel, groove, drill mount, notch, roll and polish, and blended bifocal

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- progressive lenses (Though progressive lenses are not a covered benefit, the provider will apply the retail charge for standard trifocal lenses against the retail charge for the progressive lenses you selected. You are responsible for paying the provider the difference)
- replacement of broken, lost, or damaged frames and/or lenses
- orthoptics, vision training, and developmental vision procedures
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- eye examination or corrective eyewear required by an employer as a condition of employment
- services or materials when covered under workers' compensation or similar third party coverage
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MONTHLY RATES - MATERIALS ONLY PLAN

| | |
|------------------------|---------|
| Employee Only | \$6.78 |
| Employee + 1 Dependent | \$13.18 |
| Employee + Family | \$19.32 |

Customer Service
800-507-3800
916-852-2277 fax

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

