

## **Superior Vision Plan I- 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 Comprehensive Eye Exam  
 \$20.00 Materials  
 \$35.00 Contact Lens Fitting Fee

Benefits	Frequency	In-Network	Out-of-Network
Comprehensive Eye Exam (by an Ophthalmologist)	12 Months	Covered in Full	Up to \$44.00
Comprehensive Eye Exam (by an Optometrist)	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 \$100.00	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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\* 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
- 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 the Superior 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](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 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.

**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:**

<b>Lens Options and Upgrades*</b>	<b>Member pays 20% off retail, up to:</b>
Factory scratch coat	\$13 (single vision & standard lined multifocal lenses)
Ultraviolet coat	\$15 (single vision & standard lined multifocal lenses)
Standard anti-reflective coat lenses)	\$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)

<b>Lens Options and Upgrades</b>	<b>Member pays:</b>
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.

### **Monthly Cost**

Employee Only	\$8.38
Employee + Spouse	\$17.82
Employee + Child(ren)	\$13.56
Employee + Family	\$24.72

### **Customer Service**

**1.800.507.3800**

**1.916.852.2277 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



## **Superior Vision Plan II- Materials Only**

**Effective Date: September 1, 2010**

Outline of Benefits – Gold Preferred Plan with Materials Discount  
 Vision Plan – Preferred Provider (PPO / Indemnity)  
 Copayment: \$25.00 Materials

Benefits	Frequency	In-Network	Out-of-Network
Comprehensive Eye Exam	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

Frames-Standard**	24 Months	Up to \$100.00	Up to \$50.00
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\* Contact lenses are in lieu of eyeglass lenses and frames benefits.

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**Items or Services Not Covered**

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**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
- 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
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## Discount Features

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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:

Lens Options and Upgrades*	Member pays 20% off retail, up to:
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**Monthly Cost**

Employee Only	\$6.16
Employee + Spouse	\$12.20
Employee + Child(ren)	\$11.96
Employee + Family	\$18.18

**Customer Service**

800-507-3800  
916-852-2277 fax

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