
Superior Vision Plan 2 - Materials Only

Effective Date: October 1, 2008

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
Lenses (Standard) 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
Standard Contact Lens Fitting Fee***	12 Month	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 \$50.00

*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 multi-focal lenses. For the specialty fit, the member is responsible for any charges over \$50.

In-network co-payment is paid directly to the provider.

Out-of-network co-payment will be deducted from the out-of-network reimbursement.

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.

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).
- Anisometropia 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.

MATERIALS SVP 8-20 DISCOUNT SCHEDULE

Featured are 20% discounts on the provider's charges for upgrades to the 1st pair of covered eyeglass lenses. This includes tints, coatings, special materials and special lens designs.

Also included are discounts on the purchases or additional pairs of eyeglasses and contact lenses. See the schedule below. These materials discounts are available from in-network providers who are identified in the directory with a "DP" (discount plan) associated with their listing as a service they provide at the location.

FRAMES 30% OFF RETAIL
No restrictions apply

LENSES (Uncoated Plastic-CR39, or Glass) 30% OFF RETAIL
Single Vision
Bifocal (FT 25-35 & Executive)
Trifocal (FT 7X25, 7X28, 8X35 & Executive)
Progressives
Zyl and Metal Mounting

ADD-ON TO BASE LENSES 20% OFF RETAIL
Tints, Coatings, Colored Lenses
Power over 4.00D Sphere, 2.00D Cylinder & 5.00D Prism
Polycarbonate, High Index, Photochromatics
Cosmetic Finishing, Beveling, Edging & Mounting

EVERYDAY "Frame & Lens Package Pricing" 20% OFF RETAIL

CONTACT LENSES 20% OFF RETAIL

DISPOSABLE CONTACT LENSES 10% OFF RETAIL

ALL OTHER MATERIALS 20% OFF RETAIL

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.

MONTHLY COST - MATERIALS ONLY PLAN

Employee Only	\$ 6.78
Employee + One	\$ 13.18
Employee + Family	\$ 19.32

Member Services, Provider Listings, and Claims Services:
800-507-3800

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

Member Services FAX:
916-852-2277

Provider Nominations:
Lee Sims @ 800-923-6766 X.254

Web Site: www.superiorvision.com

Address:
Superior Vision Services, Inc.
11101 White Rock Road, Ste. 150
Rancho Cordova, CA 95670

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."