
Superior Vision Plan

Effective Date: August 1, 2009

Co-Payments- None
 Contact Lens Fitting Fee- \$0
 Vision Plan - Preferred Provider (PPO / Indemnity)

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
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 \$200.00	Up to \$100.00
Standard Contact Lens Fitting Fee***	12 Months	Covered in Full	Not Covered
Specialty Contact Lens Fitting Fee***	12 Months	Up to \$50.00	Not Covered
Frames (Standard)**	12 Months	Up to \$150.00	Up to \$77.00

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

HOW TO USE YOUR BENEFIT

IN-NETWORK

- Select a provider from the Superior Vision Services Provider Network.
- Use your personalized I.D. card to identify yourself. Provider will call SVS to verify eligibility. No paper work is required from you.
- Pay the provider directly for the cost of any non-covered item.

OUT-OF-NETWORK

- Call SVS Customer Services for your authorization number.
- Pay the non-network provider for all products and services.
- Submit your original itemized billing from the provider, along with your authorization number, to SVS Customer Services for reimbursement in accordance with the Non-Network Schedule of Allowances

DISCOUNT PROGRAMS

Discounts available from participating providers on covered and additional pairs of eyeglasses and contact lenses.

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-on charges to the covered pair of lenses Member pays 20% off retail, up to:

•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 gradient	\$25 (Any Type Lenses)
Power over 4.00D Sphere, 2.00D	
•Cylinder & 5.00D Prism	20% discount off retail prices (Any Type Lenses)
•Cosmetic Finishing, Beveling, Edging & 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 to the member. Apply maximum out of pocket expense toward the upgraded lens retail cost and the member is responsible for the difference less 20%.**

DISCOUNTS OF ADDITIONAL PURCHASES

•Prescription eyeglass lenses	30% discount off retail prices
•Eyeframes	30% discount off retail prices
•Add-on charges to basic lenses	20% discount off retail prices
•Contact lenses, standard hard or soft	20% discount off retail prices
•Disposable contact lenses	10% discount off retail prices
•All other prescription materials	20% discount off retail prices

Discounts are available for additional purchases of eyewear and contact lenses. Discounts are provided by Superior Vision Services contracted providers identified in the Provider Directory with a "DP". Discounts do not apply to the insured benefit underwritten by National Guardian Life Insurance Company.

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. **compensated or special multi-focal lenses**
 - b. **plain (non-prescription) lenses**
 - c. **anti-reflective, scratch, UV400 or any coating or lamination applied to lenses.**
 - d. **subnormal vision aids**
 - e. **tints other than solid**
 - f. **orthoaptics, vision training and developmental vision procedures**
 - g. **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 Office.

MONTHLY RATES

Employee Only	\$13.68
Employee + One	\$26.54
Employee + Family	\$38.98

Customer Services, Provider Listings, and Claims Services:
1.800.507.3800

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

Customer Services FAX:
1.916.852.2277

Provider Nominations:
1.800.923.6766

Web Site: www.superiorvision.com

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

Out-of-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."

