

Superior Vision Plan

Plan Highlights

- Coverage for Frames and Lenses
- Discounts on Additional Purchases
- Discounts on Upgrades

This Plan provides primary vision care benefits including prescription eyewear and contact lenses offered through a broad-based provider network consisting of ophthalmologists, optometrists and opticians.



Copayment Amount

- \$15.00 Exam
- \$35 Contact Lens Fitting

<i>Benefits</i>	<i>Frequency</i>	<i>In-network</i>	<i>Non-Network</i>
• 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 \$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 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.

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).
- Anisometriopia 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.

Contact Lens Examining Fee:

Most providers charge a fee for the fitting of contact lenses. This fee is separate from the eye examination and will vary depending on the provider's fee structure policies. It will also vary due to circumstances or complexities involving the physiological condition of the eyes, the lens prescription, and the type of lenses used. The contact lens exam/fitting fee may be included in the contact lens allowance.

Limitations & Exclusions

Limitations (options at additional cost):

The Superior Vision Plan is designed to provide your basic eyewear needs. It does not cover items that are considered cosmetic or elective. The following options will require an additional charge over the covered benefit. Pay any additional charges directly to your provider.

Example: Standard design bifocal lenses are a covered benefit. Blended (no line) bifocal lenses will require an additional charge.

- A frame that costs more than the Plan allowance.
- Additional costs for contact lenses (elective) over the allowance.
- Blended (no-line) and/or multifocal lenses
- Beveled and/or faceted lenses.
- Coating on lenses (anti-scratch, anti-reflective, sunglass colors)
- Cosmetic lenses
- Oversize charge for lenses larger than Plan allowance
- Polycarbonate lenses
- Replacement frames and/or lenses

Exclusions (products & services not covered):

- Professional Services and/or Materials in conjunction with:
 - blended bifocals, no line, or progressive lenses
 - compensated or special multi-focal lenses
 - plain (non-prescription) lenses
 - anti-reflective, scratch, UV400 or any coating or lamination applied to lenses.
 - subnormal vision aids
 - tints other than solid
 - orthoptics, vision training and developmental vision procedures
 - polycarbonate lenses
- Medical or surgical treatment of the eyes
- Any eye examination or any corrective eyewear required by an Employer as a condition of employment
- Any injury or illness when covered under Workers' Compensation or similar law
- 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.
- Subnormal vision aids
- Services rendered or Materials purchased outside the U.S. or Canada, unless:
 - the Member resides in the U.S. or Canada; and
 - the charges are incurred while on a business or pleasure trip
- Charges in excess of the Usual, Customary and Reasonable charge for the Professional Service or Materials
- Experimental or non-conventional treatment or device
- Safety eyewear
- Spectacle lens styles, materials, treatments of "add-ons" not shown in the Benefits Summary
- 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 service required outside basic vision analysis for contact lenses, except fitting fees.
- 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.
- Services rendered or Materials ordered before the date of coverage began under this Certificate
- Regardless of Optical Necessity, benefits are not available more frequently than that which is specified in the Benefits Summary

Discount Programs

Discounts on Additional Purchases

- Eyeframes 30% off
- Lenses (uncoated std glass or plastic) 30% off
- Add-on features 20% off
- Everyday “Frames & Lenses” package pricing 20% off
- Contact Lenses 20% off
- Disposable Contacts 10% off
- Other Items 20% off

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.

Note: The discount benefit is available only from Superior Vision Plan in-network providers who are identified in the provider directory with a “DP.”

Discount SVP8-20

These discounts apply to upgrades on the covered frame and lenses only. For discounts on additional pairs, please refer to the Discounts on Additional Purchases.

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

- Scratch Coat (Factory) \$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)
- Plastic Tints solid or gradient \$25(Any Type Lenses)
- Glass coloring \$35(Any Type Lenses)

Member pays

- Power over 4.00 Sphere, 2.00D Cylinder & 5.00D Prism 20% discount off retail
- Cosmetic Finishing, Beveling, Edging & Mounting 20% discount off retail
- All other Lens Options/Upgrades 20% discount off retail

* Higher end or brand name lens upgrades are at an additional expense to the member. You may apply the maximum out of pocket expense toward the upgraded lens retail cost and the member is responsible for the difference less 20%.

Progressive Power Lens Benefit (no-line): The member pays the difference between the provider's price for Standard Trifocal lenses and the price of the progressive power lenses selected, less 20%.

How to use your benefit

Procedure when using a Superior Vision Plan in-network provider:

1. Identify yourself to the in-network provider as a member of the Superior Vision Plan. You can use your ID card for this purpose or simply give the provider your name, employer name, and your social security number. The provider will call SVS Member Services to verify your eligibility and obtain an authorization number. The ID card provided to you can be used for all covered family members.

2. After eligibility is established, and an authorization number is received by the provider, services will be rendered. There is nothing else that you need to do except pay the provider directly for any appropriate copayments and charges above the covered benefits. The in-network provider handles all claims and paperwork.

Procedure when using a Superior Vision Plan non-network provider:

1. To receive services from a non-network provider, it is important that you first call Superior Vision Services Member Service Department at 800-507-3800 to receive your own authorization number. By doing so, you can be assured of your eligibility and reimbursement for money spent.

2. After receiving services and paying in-full for the examination and/or materials (you do not pay a copayment to the non-network provider), submit your original itemized billing received from the provider, along with your authorization number, to the SVS Claims Administration office listed on the next page.

3. You will be reimbursed according to the schedule of allowances for non-network providers, less any required copayments.

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 RATES

Employee Only	\$10.80
Employee/One Dependent	\$20.96
Employee/Family	\$30.80



Member Services, Provider Listings and Claims Services:

1-800-507-3800

916-852-2277 (FAX)

Provider Nominations:

Lee Sims @ 800-923-6766 x254

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

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