

Superior Vision Plan

Plan Highlights

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

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: This Plan provides primary vision care benefits including :
: eye examinations, prescription eyewear and contact lenses :
: offered through a broad-based provider network consist- :
: ing of ophthalmologists, optometrists and opticians. :
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Copayment Amount

- ***\$10 Exam***
- ***\$15 Materials***
- ***\$35 Contact Lens Fitting***

<i>Benefits</i>	<i>Frequency</i>	<i>In-network</i>	<i>Non-Network</i>
• Comprehensive Exam (by an Ophthalmologist)	12 Months	Covered in Full	Up to \$44.00
• Comprehensive Exam (by an Optometrist)	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

The Contact Lenses Benefit is payable in lieu of the Standard Eyeglass Lenses Benefit and Eyeglass Frame Benefit. An Insured shall be eligible to receive benefits under the Standard Eyeglass Lenses Benefit or the Eyeglass Frame Benefit only after the Contact Lenses Benefit Frequency has ended.

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In no event will coverage exceed the lesser of:

- the actual cost of insured Services or Materials; or
- the limits of coverage shown in the Benefits Summary.

Exclusions – The following conditions, procedures and/or materials are not covered:

- Replacement frames and/or lenses, except at normal intervals when covered services are otherwise available;
- Plain or non-prescription sunglasses;
- Plain or non-prescription lenses;
- Orthoptics, vision training and developmental vision procedures;
- Frame cases;

- Low (subnormal) vision aids;
- Any eye examination or any corrective eyewear required by an Employer as a condition of employment;
- Services and materials provided by another vision plan [except in the case of coordination of benefits];
- Services or supplies for the treatment of an Occupational Injury or Sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act".
- Benefits provided under the employee's medical insurance [except in the case of coordination of benefits];
- Services or materials rendered by a provider other than an Ophthalmologist, Optometrist or Optician;
- 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 are subsequently rendered to the Insured;
- Services rendered or Materials ordered before the date coverage began under this Certificate;
- Medical and surgical treatment of the eyes.

Limitations- The items described below may require an additional charge over and above the cost of standard lenses or, in the case of a frame, the frame allowance. This additional charge is paid by the Insured directly to the In-Network Provider.

- Blended bifocal lenses
- Coating on lenses (anti-scratch, anti-reflective, sunglass colors, etc.)
- Faceted lenses
- Hi-Index Lenses
- Laminated Lenses
- Oversize charge for lenses larger than 60mm
- Photochromic (Transition) lenses
- Polaroid lenses
- Polished bevel lenses
- Polycarbonate lenses
- Prism lenses
- Slab-off lenses
- Tints (except Pink tint #1 and #2)
- Ultra-violet tint or coating

- Additional cost for contact lenses over the allowance
- Additional cost for a frame over the allowance
- Progressive Power Lenses*

*Progressive Power Lens Benefit. If this type of lens is not a covered benefit under your Certificate, the Provider will apply the retail charge for standard trifocal lenses against the charge for the style of progressive lens You have selected. You pay the Provider the difference, if any, between the two.

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.

