

Vision plan benefits for Smith Amundsen

Copays		Monthly premium	าร	Services/frequency	
Exam	\$20	Emp. only	\$9.16	Exam	12 months
Materials ¹	\$20	Emp. + spouse	\$15.70	Frame	24 months
Contact lens fitting	\$25	Emp. + child(ren)	\$16.02	Contact lens fitting	12 months
(standard & specialty)		Emp. + family	\$25.80	Lenses	12 months
				Contact lenses	12 months
				(Based on date of s	service)

Benefits through Superior National network

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	In-network	Out-of-network
Exam (ophthalmologist)	Covered in full	Up to \$37 retail
Exam (optometrist)	Covered in full	Up to \$28 retail
Frames	\$125 retail allowance	Up to \$65 retail
Contact lens fitting (standard ²)	Covered in full	Not covered
Contact lens fitting (specialty ²)	\$50 retail allowance	Not covered
Lenses (standard) per pair		
Single vision	Covered in full	Up to \$29 retail
Bifocal	Covered in full	Up to \$43 retail
Trifocal	Covered in full	Up to \$53 retail
Progressives lens upgrade	See description ³	Up to \$53 retail
Contact lenses ⁴	\$120 retail allowance	Up to \$100 retail
Contact lens fitting (specialty ²) Lenses (standard) per pair Single vision Bifocal Trifocal Progressives lens upgrade	\$50 retail allowance Covered in full Covered in full Covered in full See description ³	Not covered Up to \$29 r Up to \$43 r Up to \$53 r Up to \$53 r

Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements

Discount features

Look for providers in the provider directory who accept discounts, as some do not; please verify their services and discounts (range from 10%-30%) prior to service as they vary.

Discounts on covered materials

Frames: 20% off amount over allowance

Lens options: 20% off retail

Progressives: 20% off amount over retail lined trifocal

lens, including lens options

Specialty contact lens fit: 10% off retail, then apply allowance

Maximum member out-of-pocket

The following options have out-of-pocket maximums⁵ on standard (not premium, brand, or progressive) lenses.

	Single vision	Bifocal & trifocal
Scratch coat	\$13	\$13
Ultraviolet coat	\$15	\$15
Tints, solid or gradients	\$25	\$25
Anti-reflective coat	\$50	\$50
Polycarbonate	\$40	20% off retail
High index 1.6	\$55	20% off retail
Photochromics	\$80	20% off retail

(800) 507-3800

superiorvision.com

Exams, frames, and prescription lenses: 30% off retail Lens options, contacts, miscellaneous options: 20% off retail Disposable contact lenses: 10% off retail Retinal imaging: \$39 maximum out-of-pocket

Refractive surgery

Superior Vision has a nationwide network of independent refractive surgeons and partnerships with leading LASIK networks who offer members a discount. These discounts range from 10%-50%, and are the best possible discounts available to Superior Vision.

All allowances are retail; the member is responsible for paying the provider directly for all non-covered items and/or any amount over the allowances, minus available discounts. These are not covered by the plan.

Discounts are subject to change without notice.

Disclaimer: All final determinations of benefits, administrative duties, and definitions are governed by the Certificate of Insurance for your vision plan. Please check with your Human Resources department if you have any questions.

Superior Vision Services, Inc. P.O. Box 967 Rancho Cordova, CA 95741 (800) 507-3800 superiorvision.com



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, AKA The Guardian or Guardian Life

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¹ Materials co-pay applies to lenses and frames only, not contact lenses

² Standard contact lens fitting applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Specialty contact lens fitting applies to new contact wearers and/or a member who wear toric, gas permeable, or multi-focal lenses.

³ Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay.

⁴ Contact lenses are in lieu of eyeglass lenses and frames benefit

Discounts on non-covered exam, services and materials

⁵ Discounts and maximums may vary by lens type. Please check with your provider.

The Plan discount features are not insurance.