



	Basic Plan		Enhanced Plan	
<u>Co-pays</u>				
Exam		\$10	Exam	\$10
Materials <sup>1</sup>		\$20	Materials <sup>1</sup>	\$20
Contact Lens Fitting		\$25	Contact Lens Fitting	\$25
<u>Monthly Premiums</u>				
Employee only		\$5.88	Employee only	\$11.86
Employee + spouse		\$11.66	Employee + spouse	\$23.44
Employee + child(ren)		\$11.42	Employee + child(ren)	\$22.98
Employee + family		\$17.36	Employee + family	\$34.92
<u>Services/Frequency</u>				
Exam	1 per calendar year		Exam	1 per calendar year
Frames	1 per 2 calendar years		Frames	1 per calendar year
Contact Lens Fitting	1 per calendar year		Contact Lens Fitting	1 per calendar year
Lenses	1 per calendar year		Lenses	1 per calendar year
Contact Lenses	1 per calendar year		Contact Lenses	1 per calendar year
<u>Benefits</u>				
	<u>In-Network</u>	<u>Out-of-Network</u>	<u>In-Network</u>	<u>Out-of-Network</u>
Exam (MD)	Covered in full	Up to \$42 retail	Covered in full	Up to \$42 retail
Exam (OD)	Covered in full	Up to \$36 retail	Covered in full	Up to \$36 retail
Frames	\$125 retail allowance	Up to \$70 retail	\$150 retail allowance	Up to \$84 retail
Contact Lens Fitting (standard <sup>2</sup> )	Covered in full	Not covered	Covered in full	Not covered
Contact Lens Fitting (specialty <sup>2</sup> )	\$50 retail allowance	Not covered	\$50 retail allowance	Not covered
Lenses (standard) per pair:				
Single Vision	Covered in full	Up to \$28 retail	Covered in full	Up to \$28 retail
Bifocal	Covered in full	Up to \$42 retail	Covered in full	Up to \$42 retail
Trifocal	Covered in full	Up to \$56 retail	Covered in full	Up to \$56 retail
Progressive	Not covered	Not covered	\$120 retail allowance	Not covered
Scratch coat (factory)	Not covered	Not covered	Covered in full	Not covered
Ultraviolet coat	Not covered	Not covered	Covered in full	Not covered
Contact Lenses <sup>3</sup>	\$120 retail allowance	Up to \$100 retail	\$150 retail allowance	Up to \$100 retail

Co-pays apply to in-network benefits only.

<sup>1</sup>Materials co-pay applies to lenses and frames only, not contact lenses.

<sup>2</sup>See your benefits materials for definitions of standard and specialty contact lens fittings.

<sup>3</sup>Contact lenses are in lieu of eyeglass lenses and frames benefit



## How to Use the Plan

Welcome to the Superior Vision Plan. Superior Vision provides primary vision care benefits including eye examinations, prescription eyewear, and contact lenses through a broad-based provider network of both ophthalmologists and optometrists. The plan also contracts with a large number of national and regional optometric chain locations.

Your first step should be to choose an eye care provider, or ensure that your current provider is part of the Superior Vision network. Go to [www.superiorvision.com](http://www.superiorvision.com) and click on “Locate a Provider” for an updated list. You may also call Customer Service for this information. Within the Q&A section of this brochure, you will learn about “in-network” and “out-of-network” providers – it is an important distinction when receiving your benefits. You will also learn more about how to use your benefits, as well as the discounts that are available to you.

Remember that a routine eye exam is important not only for correcting vision problems, but for maintaining healthy eyes and overall wellness. Superior Vision eye care providers will be looking for signs that may indicate other health issues – not just vision problems. Take the time to get to know your vision plan, and start experiencing healthy eyes and healthy living.



## Discount Features

Members should look for providers in the Provider Directory who accept discounts, as some do not; please verify their services and discounts (range from 10%-40%) prior to service as they vary. Discounts are subject to change without notice. Discounts do not apply if prohibited by the manufacturer.

### **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

### **Discounts on Non-Covered Exam and Materials**

◆ Exams, frames, and prescription lenses:	30% off retail
◆ Lens options, contacts, other prescription materials:	20% off retail
◆ Disposable contact lenses:	10% off retail

The following options have out-of-pocket maximums<sup>5</sup> on standard (not premium, brand, or progressive) plastic lenses.

	<u>Maximum Member Out-of-Pocket</u>	
	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
◆ Photochromic	\$80	20% off retail

### **Refractive Surgery**

Superior Vision has a nationwide network of refractive surgeons and leading LASIK networks who offer members a discount. These discounts range from 5%-50%, and are the best possible discounts available to Superior Vision.

<sup>5</sup> Discounts and maximums may vary by lens type. Please check with your provider.

The Plan discount features are not insurance.

# Questions & Answers

## ... About Forms & ID Cards:

### **Where do I get my ID card?**

One ID card is sent to the subscriber after enrollment to cover the subscriber and all dependents covered by the plan. Additional ID cards can be downloaded and printed directly from the member section of our website.

### **Must I show my Superior Vision ID card to the in-network provider to receive services?**

No, though the ID card includes helpful information and phone numbers for the provider to reference regarding your benefits or discount plan. While you don't need your card, it is important that you always identify yourself as a Superior Vision member.

Your medical and dental health coverage and ID cards are separate from your Superior Vision Plan. Our eye care providers can only accept your Superior Vision ID card.

### **Do I need to obtain an authorization number, form, or voucher from Superior Vision prior to obtaining services from an in-network provider?**

No, our in-network providers will handle the authorization and claims filing processes for you.

## ... About Using Your Benefits:

### **What is the difference between an in-network provider and out-of-network provider?**

Your vision benefits are offered through a PPO (Preferred Provider Organization) plan. We have "in-network" providers (those for whom we have a PPO contract) and "out-of-network" providers (no PPO contract). This means that you can obtain products or services through any provider you choose, though you'll generally pay less with our in-network providers. When visiting an in-network provider, you are responsible for paying any applicable co-pay, and for all non-covered items and/or any amount over allowances, minus available discounts. These are not covered by the plan. When visiting out-of-network providers, you pay for all services in full, and then file a claim with Superior Vision for reimbursement according to your out-of-network benefits schedule, less any applicable co-pays.

If you have questions about the amount the provider is asking you to pay:

- ◆ Remember to identify yourself or your dependent as a Superior Vision insured member.
- ◆ Request that the in-network provider call Superior Vision's Customer Service department.

### **Will I need a referral from my medical health plan provider to see my Superior Vision Plan provider?**

Referrals are not needed. Remember that your medical plan is separate from your vision plan.

### **Do my dependents need to use my personal identification number to receive the insured benefits?**

You and your covered dependents share the same personal subscriber identification number.

### **May I go to one provider for the eye exam and another provider for the materials?**

Yes. Each provider will call Superior Vision's Customer Service department to verify your eligibility.

### **How does the retail frame allowance work?**

You may select a frame up to your benefits specific retail price frame allowance (found on your card).

◆ If the retail price of the frame is greater than your frame allowance, you will pay the difference. Some providers may also give a discount on your out-of-pocket cost for the frame. Refer to your specific Outline of Benefits for more information and details.

### **How much will I pay if I select materials and services that are NOT covered?**

You will be responsible for the full amount for materials and services not covered by your benefit. Based on the provider selected, discounts may apply. (See "About Using Your Discounts")

### **How can I use my cosmetic (elective) contact lens allowance?**

If you choose to wear contact lenses in lieu of glasses as your vision correction, the specified allowance may be applied toward the purchase of any type of elective contact lenses. Your benefit is greater when dispensed by an in-network provider.

### **What are "medically necessary" contact lenses?**

Medically necessary contact (non-elective) lenses are prescribed by a doctor solely for purposes of correcting a specific medical condition, such as keratoconus or other conditions that prevent your vision from being corrected to a specified level of visual acuity using conventional eyeglasses. Choosing contacts over glasses for a standard prescription is considered cosmetic/elective.

The contact lens benefit applies to the contact lens materials only, not the contact lens fit.

### **What is a Contact Lens Fitting exam?**

A Contact Lens Fitting (CLF) exam measures and examines your eyes for the purpose of evaluating them for contacts, and your provider charges a separate fee for this service. The CLF is an additional, stand-alone benefit – it is separate from your contact lens benefit. Important to you is that the CLF charges do not get deducted from your contact lens allowance.

### **How are progressive lenses (no-line lenses) covered?**

Lined bifocals and trifocals are standard lenses and covered in full. If you select no-line progressive lenses, you will pay the difference between the retail price of the selected progressive lens and the retail price of the lined bifocal. The difference may also be subject to a discount.

### **May I utilize in-store specials, promotions, or coupons along with my Superior Vision Plan benefit?**

Your benefits provide discounted rates from in-network providers, and cannot be used in conjunction with coupons, promotions, sales, or other types of discounts. An exception: if you use the services of an in-network provider but choose to take advantage of a sale, coupon, or other in-store special, the provider may require that you pay in full and then submit your receipt to Superior Vision for reimbursement at the out-of-network rates. If you have questions about the use of discounts, call Customer Service before you seek services as rules may vary from state to state and be subject to state laws.

## ... About In-Network Providers:

### **How do I know which services are offered by an in-network Superior Vision provider?**

All in-network providers are listed in our directories with the specific services for which they have contracted. If you need assistance locating a provider, visit our website or call Customer Service at 800-507-3800.

### **What do I need to pay my in-network provider?**

You would pay your provider any applicable co-pay. Additionally, you are also responsible for paying for any services or materials that are not covered or exceed your benefit plan coverage.

### **What if my eye doctor is not listed as an in-network provider?**

If you have verified on our website that your provider is not a participating provider, you may complete a Provider Nomination form located in the member section of our website. Email, fax, or mail this form to Superior Vision. Check back with Superior Vision periodically to see if the provider has joined our network.

## ... About Out-of-Network Providers:

### **May I go to an out-of-network provider?**

Yes. Superior Vision will cover you and your dependents if you choose services from an out-of-network provider, but your out-of-pocket expenses will be greater.

## Questions & Answers, Continued

### **How can I utilize my benefit when seeking services from an out-of-network provider?**

First, verify that the provider you wish to see is not in our network. Then, obtain an authorization number from our Customer Service department. Schedule your appointment, and pay the provider directly for the services rendered.

### **How do I get reimbursed when I use an out-of-network provider?**

Obtain a claim form either from the member section of our website, or from a Customer Service Representative. Complete the claim form and attach your original receipt or itemized bill that explains what services were provided. Mail or fax these to Superior Vision's Customer Service. You will be reimbursed up to the allowable amount as outlined in the out-of-network section of your Outline of Benefits, less any applicable co-pays.

### **... About Using Your Discounts:**

#### **What discount features are available?**

Your specific discount features are listed in the Discount Features section of this brochure. You are eligible for discounts off the retail charges for a variety of lens upgrades and add-ons, overages on frame allowances, and/or additional frame and lens purchases. Services must be obtained from a provider indicated in our provider directory as accepting discounts, as some do not.

#### **Are there any limitations on the frame selection when using the discounts?**

Unless otherwise prohibited by the manufacturer, the frame discount may be applied as long as you seek services from a participating discount plan provider.

#### **Do any discounts apply to my covered eyeglass lenses and frame?**

The Superior Vision Plan includes discounts on many of your out-of-pocket expenses associated with eyeglass lens add-ons, upgrades, or overages on your frame allowance for your covered eyeglass lenses and frame. There are also discounts available on any additional purchases, and these discounts can be utilized as often as you like as long as you seek services from a participating discount plan provider.

#### **Can discounts be applied toward the purchase of prescription sunglasses, i.e., tints to a covered lens?**

Unless otherwise prohibited by the manufacturer, the discounts for lens tinting can be applied as long as you seek services from a participating discount plan provider.

### **... About Superior Vision's SmartAlert Vision Health and Wellness Program:**

#### **What is Superior Vision's SmartAlert program?**

Superior Vision's SmartAlert program facilitates communication between you, your eye care provider, and your medical plan providers about lifestyle or health issues that may impact your eyes and vision. While participation is completely voluntary by both members and providers, participation may help you keep on top of current health issues or aid in the early recognition and diagnosis of something new. The SmartAlert program includes the *My Vision Lifestyle Update* and *Provider Communications* forms.

#### **How may I obtain a copy of the My Vision Lifestyle form?**

This form is available within the member section of our website. You may print it, complete it, and take it with you to your eye care appointment.

### **How will my Superior Vision eye doctor share information about my eye exam with my medical health plan provider?**

Your doctor may complete the *Provider Communication* form (from the provider section of our website) and give it to you at the conclusion of your visit. You may take this form to your health plan provider for review and inclusion in your chart or records. This is NOT a referral form but a voluntary sharing of information. All medical referrals should conform to the information detailed in your medical health plan.

## Items or Services NOT Covered

While Superior Vision offers a variety of vision benefits, there are a few materials, services, and treatments that are generally not covered, or have limitations to their coverage. We do offer discounts on many of these items, as outlined in our discount plan coverage information. YOUR specific Superior Vision Plan may differ, so confirm the details of your employer's plan prior to seeking services.

### **Items or Services Not Covered or Have Limited Coverage\***

- ◆ non-prescription (plano) lenses of any kind, sunglasses, or contact lenses
- ◆ any coating applied to lenses such as anti-reflective, scratch, UV, lamination, tints (except pink tint #1 and #2), and sunglass coloring
- ◆ any lens materials other than standard plastic or glass such as polycarbonate, hi-index, polaroid, and photochromic
- ◆ any special lens feature or treatment such as prisms, slab off, faceted, oversize lens greater than 61mm, polished bevel, groove, drill mount, notch, roll and polish, and blended bifocal
- ◆ progressive lenses (Though progressive lenses are not a covered benefit, the provider will apply the retail charge for standard trifocal lenses against the retail charge for the progressive lenses you selected. You are responsible for paying the provider the difference)
- ◆ replacement of broken, lost, or damaged frames and/or lenses
- ◆ orthoptics, vision training, and developmental vision procedures
- ◆ experimental or non-conventional treatment or device
- ◆ medical or surgical treatment of the eyes
- ◆ post-cataract lenses (intra-ocular)
- ◆ subnormal or low vision aids
- ◆ safety eyewear
- ◆ eye examination or corrective eyewear required by an employer as a condition of employment
- ◆ services or materials when covered under workers' compensation or similar third party coverage
- ◆ 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 services or procedures outside of a routine eye exam and contact lens fitting
- ◆ services or materials rendered after the date a member ceases to be covered by the benefits plan except when vision materials ordered before coverage ended are delivered AND the corresponding services are provided to the member within 31 days of the initial order

Regardless of optical necessity, benefits are not available more frequently than that which is specified in the Outline of Benefits.

\* Plans vary, so please refer to your own employer's specific coverage.

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

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