



# Superior Vision®

*Our Members. Our Mission.*

## Presented by Bastrop ISD

### Outline of Benefits

#### Vision Plan-Preferred Provider (PPO)/Indemnity

##### Monthly Rates:

Employee Only	\$7.98
Employee and Spouse	\$17.16
Employee and Child(ren)	\$12.92
Employee and Family	\$23.54

##### Copayment:

\$10.00 Exam
\$10.00 Materials
\$25.00 Contact Lens Fitting Exam Fee

In-network copayments are paid directly to the provider.

Out-of-network copayments will be deducted from the out-of-network reimbursement. Materials copayment applies to lenses and/or frames, not contact lenses.

#### Gold Plus Preferred Plan Services/Frequency

Comprehensive Exam	12 Months
Lenses	12 Months
Frames	24 Months
Contact Lenses	12 Months

##### Benefits

	In-Network	Out-of-Network
Comprehensive Exam Ophthalmologist (MD)	Covered in Full	Up to \$42.00
Comprehensive Exam Optometrist (OD)	Covered in Full	Up to \$37.00
Standard Lenses (Per Pair):		
Single Vision	Covered in Full	Up to \$32.00
Bifocal	Covered in Full	Up to \$46.00
Trifocal	Covered in Full	Up to \$61.00
Lenticular	Covered in Full	Up to \$84.00
Contact Lenses (Per Pair):*		
Medically Necessary	Covered in Full	Up to \$210.00
Elective**	Up to \$120.00	Up to \$100.00
Standard Contact Lens Fitting Exam Fee***	Covered in Full	Not Covered
Specialty Contact Lens Fitting Exam Fee***	Up to \$50.00	Not Covered
Frames-Standard**	Up to \$125.00	Up to \$68.00

\* 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 the Plan

#### 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 I.D. card for this purpose or simply give the provider your name, employer name, and your unique identification number. The provider will call the Superior Vision Customer Service Department to verify your eligibility and obtain an authorization number. The I.D. 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 or charges above the covered benefits. The in-network provider handles all claims and paperwork.

#### Procedure when using an out-of-network provider:

1. To receive services from an out-of-network provider, it is important that you first call the Superior Vision Customer Service Department at 800-507-3800 to receive your own authorization number. By doing so, you may 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 out-of-network provider), submit your original itemized billing or receipt received from the provider, along with your authorization number, to the Superior Vision Claims Administration office.
3. You will be reimbursed according to the schedule of allowances for out-of-network services, less any required copayments.

#### Refractive Surgery Discounts

Superior Vision Services has contracted a network of over 800 refractive surgeons nationwide 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.

#### Discounts on Additional Purchases

- ◆ Prescription eyeglass lenses 30% off retail prices
- ◆ Add-on charges to basic lenses 20% off retail prices
- ◆ Contact lenses, standard hard or soft 20% off retail prices
- ◆ All other prescription materials 20% off retail prices

- ◆ Eyeframes 30% off retail prices
- ◆ Everyday "frame and lens package pricing" 20% off retail prices
- ◆ Disposable contact lenses 10% off retail prices

#### 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

- ◆ Factory Scratch Coat
- ◆ Ultraviolet Coat
- ◆ Standard Anti-Reflective Coat\*
- ◆ High Index 1.6\*
- ◆ Polycarbonate
- ◆ Standard Photochromic
- ◆ Glass coloring
- ◆ Plastic Tints solid or gradient

#### Member pays 20% off retail, up to:

- \$13 (Single Vision & Standard Lined Multifocal Lenses)
- \$15 (Single Vision & Standard Lined Multifocal Lenses)
- \$50 (Single Vision & Standard Lined Multifocal Lenses)
- \$55 (Single Vision Lenses Only)
- \$40 (Single Vision Lenses Only)
- \$80 (Single Vision Lenses Only)
- \$35 (Any Type Lenses)
- \$25 (Any Type Lenses)

#### Member pays:

- 20% discount off retail prices (Any Type Lenses)
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- 20% discount off retail prices (Any Type Lenses)

- ◆ Power over 4.00D Sphere, 2.00D Cylinder & 5.00D Prism
- ◆ Cosmetic Finishing, Beveling, Edging & Mounting
- ◆ Miscellaneous Options

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

### Exclusions

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) orthoptics, 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 or oversize lenses. Although no-line bifocals and 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 of "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 that which is specified in the Benefits Summary

**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. All charges over and above your allowance are paid directly to the provider. See your Outline of Benefits for your contact lens benefit allowance.

**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).
- ◆ Anisometropia of 4.0 diopters or more, provided visual acuity improves to 20/60 or better in the weak eye.
- ◆ Keratoconus.

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 Exam/Fitting Fee:** Most providers charge a fee for the fitting of contact lenses. This fee is separate from the comprehensive 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.

## A National Network to Serve Your Vision Needs

Superior Vision Services manages one of the largest and most diverse vision networks in the U.S. There are over 38,000 ophthalmologists, optometrists, independent opticians plus national and regional optometric chain locations.

### How to Reach Us

Superior Vision Customer Service Department	800-507-3800
TDD (Hearing impaired)	916-852-2382
Superior Vision Customer Service/Claims Administration	PO Box 967 Rancho Cordova, CA 95741

### Visit Our Website for Benefits and Provider Listings

Visit the Superior Vision web site at [www.superiorvision.com](http://www.superiorvision.com). Information you will find on the Superior Vision website includes your plan design, dependent coverage and current provider listings. You can even print out a map to the provider's location.

### Participation Information

Employees who elect coverage cannot change coverage until the open enrollment period after the first plan year, except for "coverage category" as a result of a qualifying status change. Employees who do not elect coverage cannot enroll until the next open enrollment period. For further details refer to the master policy on file with your Human Resources Department.

