

Vision Plan Benefits for Shepherd Public Schools

Co-Pays

| | |
|--|------|
| Exam | \$10 |
| Materials ¹ | \$10 |
| Contact Lens Fitting (standard & specialty) | \$35 |

Services/Frequency

| | |
|----------------------|-----------|
| Exam | 12 months |
| Frame | 12 months |
| Contact Lens Fitting | 12 months |
| Lenses | 12 months |
| Contact Lenses | 12 months |

(Based on date of service)

Benefits

| | <u>In-Network</u> | <u>Out-of-Network</u> |
|--|------------------------------|-----------------------|
| Exam (Ophthalmologist) | Covered in full | Up to \$37 retail |
| Exam (Optometrist) | Covered in full | Up to \$28 retail |
| Frames | \$130 retail allowance | Up to \$61 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 \$35 retail |
| Bifocal | Covered in full | Up to \$50 retail |
| Trifocal | Covered in full | Up to \$60 retail |
| Progressive lens upgrade | See description ³ | Up to \$60 retail |
| Polycarbonate for dependents to age 18 | Covered in full | Not covered |
| Photochromic | Covered in full | Not covered |
| Tints | Covered in full | Not covered |
| Contact Lenses ⁴ | \$200 retail allowance | Up to \$100 retail |

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

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

² See your benefits materials for definitions of standard and specialty contact lens fittings

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

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%-40%) 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 |

The following options have out-of-pocket maximums⁵ on standard (not premium, brand, or progressive) 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 |
| Photochromics | \$80 | 20% off retail |

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 |

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

www.superiorvision.com

Customer Service

800-507-3800

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.

The Plan discount features are not insurance.

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.

