

## Vision plan benefits for ESC Region 12

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Copays		Monthly premiums		Services/frequency		
Exam <sup>1</sup>	\$10	Emp. only	\$5.27	Exam	12 months	
Eyewear <sup>2</sup>	\$25	Emp. + family	\$13.43	Frame	24 months	
				Lenses	12 months	
				Contact lenses	12 months	
				(Based on date of service)		

Benefits through Superior Select Southwest network

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	<u>In-network</u>	<u>Out-of-network</u>				
Exam	Covered in full	Up to \$35 retail				
Frames	\$130 retail allowance	Up to \$70 retail				
Lenses (standard) per pair						
Single vision	Covered in full	Up to \$25 retail				
Bifocal	Covered in full	Up to \$40 retail				
Trifocal	Covered in full	Up to \$45 retail				
Progressive	See description <sup>3</sup>	Up to \$45 retail				
Contact lenses <sup>4</sup>	\$130 retail allowance	Up to \$80 retail				
Medically necessary contact lenses	Covered in full	Up to \$150 retail				
LASIK vision correction <sup>5</sup>	\$200 allowance					

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

## Discount features

Non-covered eyewear discount: members may also receive a discount of 20% from a participating provider's usual and customary fees for eyewear purchases which exceed the benefit coverage (except disposable contact lenses, for which no discount applies). This includes eyeglass frames which exceed the selected benefit coverage, specialty lenses (i.e. progressives) and lens "extras" such as tints and coatings. Eyewear purchased from a Walmart Vision Center does not qualify for this additional discount because of Walmart's "Always Low Prices" policy.

## **LASIK**

Laser vision correction (LASIK) is a procedure that can reduce or eliminate your dependency on glasses or contact lenses. This corrective service is available to you and your eligible dependents at a special discount (20-50%) with your Superior Vision plan. Contact QualSight LASIK at (877) 201-3602 for more information.

superiorvision.com

(800) 507-3800

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.

<sup>&</sup>lt;sup>1</sup> Eye exam copay is a single payment due to the provider at the time of service.

<sup>&</sup>lt;sup>2</sup> Eyewear copay applies to eyeglass lenses / frame and contact lenses. Eyewear copay is a single payment that applies to the entire purchase of eyeglasses (frame and lenses)

<sup>&</sup>lt;sup>3</sup>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

<sup>&</sup>lt;sup>4</sup> Contact lenses and related professional services (fitting, evaluation and follow-up) are covered in lieu of eyeglass lenses and frames benefit

<sup>&</sup>lt;sup>5</sup> Lasik Vision Correction is in lieu of eyewear benefit, subject to routine regulatory filings and certain exclusions and limitations