



# Vision plan benefits for Silverton ISD

You may choose from two plans: High option plan and Low option plan

## Benefits through Superior National network



### Plan 1 high option

Copays	
Exam	\$5
Materials <sup>1</sup>	\$0
Contact lens fitting	\$0
Premiums	
	Monthly
Emp. only	\$10.75
Emp. + spouse	\$21.51
Emp. + child(ren)	\$24.54
Emp. + family	\$37.88
Services/frequency	
Exam	12 months
Frames	12 months
Contact lens fitting	12 months
Lenses	12 months
Contact lenses	12 months

### Plan 2 low option

Copays	
Exam	\$10
Materials <sup>1</sup>	\$20
Contact lens fitting	\$20
Premiums	
	Monthly
Emp. only	\$7.35
Emp. + spouse	\$14.73
Emp. + child(ren)	\$16.68
Emp. + family	\$25.78
Services/frequency	
Exam	12 months
Frames	12 months
Contact lens fitting	12 months
Lenses	12 months
Contact lenses	12 months

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### Benefits

	In-network	Out-of-network
Exam (MD)	Covered in full	Up to \$42
Exam (OD)	Covered in full	Up to \$37
Frames	\$150 retail allowance	Up to \$60
Contact lens fitting (standard <sup>2</sup> )	Covered in full	Not covered
Contact lens fitting (specialty <sup>2</sup> )	\$50 retail allowance	Not covered
Lenses (standard) per pair		
Single vision	Covered in full	Up to \$26
Bifocal	Covered in full	Up to \$34
Trifocal	Covered in full	Up to \$50
Factory scratch coat	Covered in full	Not covered
UV coating	Covered in full	Not covered
Progressive lens upgrade	See description <sup>3</sup>	Up to \$50
Contact lenses <sup>4</sup>	\$150 retail allowance	Up to \$100

	In-network	Out-of-network
Exam	Covered in full	Up to \$42
Exam (OD)	Covered in full	Up to \$37
Frames	\$130 retail allowance	Up to \$52
Contact lens fitting	Covered in full	Not covered
Lenses	\$50 retail allowance	Not covered
Contact lenses		
Single vision	Covered in full	Up to \$26
Bifocal	Covered in full	Up to \$34
Trifocal	Covered in full	Up to \$50
Factory scratch coat	Not covered	Not covered
UV coating	Not covered	Not covered
Progressive lens upgrade	See description <sup>3</sup>	Up to \$50
Contact lenses <sup>4</sup>	\$130 retail allowance	Up to \$100

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

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

<sup>2</sup> 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.

<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>4</sup> Contact lenses are in lieu of eyeglass lenses and frames benefit.

## Discount features

### Discounts on covered materials<sup>5</sup>

These discounts apply to the glasses and contacts that are covered under the vision benefits.

Frames:	20% off amount over allowance
Conventional contacts	20% off amount over allowance
Disposable contact	10% off amount over allowance

Lens type*	Member out-of-pocket <sup>5</sup>
Tints, solid	\$15
Tints, gradient	\$18
Polycarbonate	\$40
Blue light filtering	\$15
Digital single vision	\$30
<b>Progressive lenses</b>	
Standard/Premium/Ultra/Ulimate	\$55 / \$110 / \$150 / \$225
<b>Anti-reflective coating</b>	
Standard/Premium/Ultra/Ulimate	\$50 / \$70 / \$85 / \$120
Polarized lenses	\$75
Plastic photochromic lenses	\$80
High Index (1.67 / 1.74)	\$80 / \$120

\* The above table highlights some of the most popular lens type and is not a complete listing. This table outlines member out-of-pocket costs<sup>5</sup> and are not available for premium/upgraded options unless otherwise noted.

### Discounts on non-covered exam, services and materials<sup>5</sup>

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

### Laser vision correction (LASIK)<sup>5</sup>

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.

### Hearing discounts<sup>5</sup>

A National Hearing Network of hearing care professionals, featuring Your Hearing Network, offers Superior Vision members discounts on services, hearing aids and accessories. These discounts should be verified prior to service.

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.

<sup>5</sup>Not all providers participate in Superior Vision Discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if he/she offers the discount and member out-of-pocket features. The discount and member out-of-pocket features are not insurance. Discounts and member out-of-pocket are subject to change without notice and do not apply if prohibited by the manufacturer. Lens options may not be available from all Superior Vision providers/all locations.

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.



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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