



## Education Service Center Region 20

### OUTLINE OF BENEFITS - GOLD PLUS PREFERRED PLAN WITH MATERIALS DISCOUNT VISION PLAN - PREFERRED PROVIDER (PPO)/INDEMNITY

<b><u>COPAYMENT AMOUNT</u></b>	\$10.00 Exam
	<u>\$25.00 Materials*</u>
<b><u>PREMIUM - Four Tiered</u></b>	
EMPLOYEE ONLY	\$ 6.98
EMPLOYEE AND SPOUSE	\$ 13.86
EMPLOYEE AND CHILD(REN)	\$ 13.58
EMPLOYEE AND FAMILY	\$ 20.66

\* Materials copayment only applies to lenses and frames, not contact lenses.  
Copayments apply to in network benefit and are deducted from non network reimbursements.  
Proposed rates are valid for 90 days from date of issue.  
Rates are guaranteed for a three year period.

**Minimum requirements: Voluntary, minimum of 10 enrolled employees**

#### **SERVICES/FREQUENCY**

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

#### **BENEFITS**

	<b><u>IN-NETWORK</u></b>	<b><u>NON-NETWORK</u></b>
Comprehensive Exam By An Ophthalmologist	Covered In Full	Up To \$ 42.00
Comprehensive Exam By An Optometrist	Covered In Full	Up To \$ 37.00
Lenses (Standard) 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
Cosmetic (Elective)**	Up To \$ 120.00	Up To \$ 100.00
Standard Contact Lens Fitting Exam Fee ***	\$25 Copay	Not Covered
Specialty Contact Lens Fitting Exam Fee***	\$25 Copay	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 multi-focal lenses. For the specialty fit, the member is responsible for any charges over \$50.



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**MATERIALS SVP 8-20 DISCOUNT SCHEDULE:**

Featured are 20% discounts on the provider's charges for upgrades to the 1st pair of covered eyeglass lenses. This includes tints, coatings, special materials and special lens designs. The member may also receive a 20% discount on the difference between the retail price of the frame they have selected, and their allowance, as shown on the benefit outline above.

**Out of Pocket Maximums for Lens Add-Ons - Single Vision Lenses**

Scratch Coat (Factory)	\$	13
UV Coat	\$	15
Standard Anti-Reflective Coat	\$	50
High Index 1.6	\$	55
Plastic Tints Solid or Gradient	\$	25
Standard transitions & other standard photochromic lenses	\$	80
Polycarbonate	\$	40
Glass Coloring	\$	35

**Out of Pocket Maximums for Lens Add-Ons-Std Lined Bi & Tri-focal Lenses**

Scratch Coat (Factory)	\$	13
UV Coat	\$	15
Standard Anti-Reflective Coat	\$	50

Also included are discounts on the purchases of additional pairs of eyeglasses and contact lenses. See the schedule below. These materials discounts are available from in-network providers who are identified in the directory with a "DP" (discount plan) associated with their listing as a service they provide at the location.

FRAMES	30% OFF RETAIL
No restrictions apply	
LENSES (Uncoated Plastic-CR39, or Glass)	30% OFF RETAIL
Single Vision	
Bifocal (FT 25-35 & Executive)	
Trifocal (FT 7X25, 7X28, 8X35 & Executive)	
Progressives	
Zyl and Metal Mounting	
ADD-ON TO BASE LENSES	20% OFF RETAIL
Tints, Coatings, Colored Lenses	
Power over 4.00D Sphere, 2.00D Cylinder & 5.00D Prism	
Polycarbonate, High Index, Photochromatics	
Cosmetic Finishing, Beveling, Edging & Mounting	
EVERYDAY "FRAME AND LENS PACKAGE PRICING"	20% OFF RETAIL
CONTACT LENSES	20% OFF RETAIL
DISPOSABLE CONTACT LENSES	10% OFF RETAIL
ALL OTHER MATERIALS	20% OFF RETAIL

**REFRACTIVE SURGERY DISCOUNT PLAN**

Superior Vision Services has contracted with Ophthalmologists who specialize in the highly publicized elective procedures of Radial Keratotomy (RK), Photo Refractive Keratotomy (PRK), and LASIK. These participating providers provide their services for the aforementioned procedures at a 20% discount off their usual and customary surgical fees (non-insured benefit) for Superior Vision Plan members. The Materials Discount also includes Blepharoplasty (upper and



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lower eyelid surgery).