SUPERIOR VISION

See yourself healthy.

Vision Plan Benefits for MS Attorney General's Office

Co-Pays Exam

Materials¹ **Contact Lens Fitting** (standard & specialty)

Frames

	М
\$10	1
\$10	
\$30	

Ionthly Premiums	5
Emp. only	\$8.50
Emp. + 1 dependent	\$16.98
Emp. + family	\$24.97

In-Network

Covered in full

Covered in full

\$130 retail allowance

Covered in full

\$50 retail allowance

Covered in full

\$150 retail allowance

Superior Vision Services, Inc. P.O. Box 967 Rancho Cordova, CA 95741 800.507.3800 SuperiorVision.com

Services/Frequency

Exam	12 months
Frame	24 months
Contact Lens Fitting	12 months
Lenses	12 months
Contact Lenses	12 months

(Based on date of service)

Out-of-Network

Up to \$34 retail Up to \$26 retail Up to \$61 retail Not covered Not covered

Up to \$26 retail Up to \$39 retail Up to \$49 retail Up to \$39 retail Not covered 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

Polycarbonate for dependent children

³ If premium progressive lenses are selected, members receive an allowance based on the provider's charges for standard progressive lenses.

4 Contact lenses are in lieu of eyeglass lenses and frames benefit

Benefits through Superior National Network

Contact Lens Fitting (standard²)

Contact Lens Fitting (specialty²)

Progressives (standard)³

Lenses (standard) per pair Single Vision

Exam (Ophthalmologist)

Exam (Optometrist)

Bifocal

Trifocal

Contact Lenses⁴

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%-30%) 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 standard progressive retail

The following options have out-of-pocket maximums⁵ on standard (not premium, brand, or progressive) lenses.

	Maximum Member Out-of-Pocket		
	Single Vision	Bifocal & Trifocal	
Scratch coat	\$13	\$13	
Ultraviolet coat	\$15	\$15	
Tints, solid or gradients	\$25	\$25	
Anti-reflective coat	\$50	\$50	
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: Lens options, contacts, other	30% off retail	
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.

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 15%-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.



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