



## Vision plan benefits for School District of Greenfield

Deductibles		Services/frequency	
Exam	\$0	Exam	12 months
Materials	\$0	Frame	24 months
		Lenses	12 months
		Contact lenses	12 months

(Based on date of service)

### Benefits through Superior Select Midwest

	In-network	Out-of-network
Exam	Covered in full	Up to \$35 retail
Frames	\$150 retail allowance	Up to \$75 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>1</sup>	Up to \$45 retail
Lenticular	Covered in full	Up to \$80 retail
Contact lenses <sup>2</sup>	\$175 retail allowance	Up to \$150 retail
Medically necessary contact lenses	Covered in full	Up to \$150 retail
LASIK vision correction <sup>3</sup>		\$200 allowance

Deductibles apply to in-network benefits only

<sup>1</sup> Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable deductible

<sup>2</sup> Contact lenses and related professional services (fitting, evaluation and follow-up) are covered in lieu of eyeglass lenses and frames benefit

<sup>3</sup> Lasik Vision Correction is in lieu of eyewear benefit, subject to routine regulatory filings and certain exclusions and limitations

### 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
Conventional contacts	20% off amount over allowance
Disposable contact	20% off amount over allowance

Lens type*	Member out-of-pocket <sup>4</sup>
Scratch coat	\$15
Ultraviolet coat	\$12
Tints, solid	\$15
Tints, gradient	\$18
Polycarbonate	\$40
Blue light filtering	\$15
Digital single vision	\$30
<b>Progressive lenses</b>	
Standard/Premium/Ultra/Ultimate	\$55 / \$110 / \$150 / \$225
<b>Anti-reflective coating</b>	
Standard/Premium/Ultra/Ultimate	\$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.

<sup>4</sup> Discounts and maximums may vary by lens type. Please check with your provider

Discounts are subject to change without notice.

[superiorvision.com](http://superiorvision.com)

(800) 507-3800

#### Discounts on non-covered exam, services and materials

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)

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

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.

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.

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.