

Group Vision Insurance

Insurer: Superior Vision

Phone: 800-507-3800

Providers: For a list of network providers visit www.superiorvision.com

Premiums: Employee Only \$6.58 Employee + one dep. \$12.00 Family \$20.28 (12 month employee)

Employee Only \$8.77 Employee + one dep. \$16.00 Family \$27.04 (9 month employee)

- \$10 copay – Exam
- \$25 copay – Materials

How Vision Network Works:

- Schedule an appointment with your Vision Provider
- No paperwork is involved; you pay your co-payment and any expenses that are not covered.

For Out-of-Network claims you will need:

- The itemized bill
- Name, date of birth, and Social Security #
- Write your daytime phone number on bill

Benefits	Network	Out-of-Network
Eye Examination (every 12 months) Optometrist Only	100%	up to \$48
Spectacle Lenses (every 12 months)		
Single Vision	100%	up to \$35
Bifocal	100%	up to \$50
Trifocal	100%	up to \$70
Lenticular	100%	up to \$95
Frames (every 24 months)	\$100 retail allowance	up to \$55
Elective Contact Lenses	up to \$120 retail allowance	up to \$100
Medically Necessary Contact Lenses	100%	up to \$210