



Vision plan benefits for Versant Health

Copays

Exam	\$0
Materials ¹	\$0
Contact lens fitting (standard & specialty)	\$0

Services/frequency

Exam	1 per calendar year
Frame	1 per calendar year
Contact lens fitting	1 per calendar year
Lenses	1 pair per calendar year
Contact lenses	1 allowance per calendar year

Benefits through Superior National network

	In-network	Out-of-network
Exam (ophthalmologist)	Covered in full	Up to \$48 retail
Exam (optometrist)	Covered in full	Up to \$42 retail
Frame benefits		
Frame allowance	\$175 retail allowance	Up to \$88 retail
VDT eyeglasses / additional pair (active associates only)	See description ²	Not covered
Contact lens fitting (standard ³)	Covered in full	Up to \$30 retail
Contact lens fitting (specialty ³)	\$50 retail allowance	Up to \$30 retail
Lenses (standard) per pair		
Single vision	Covered in full	Up to \$36 retail
Bifocal	Covered in full	Up to \$52 retail
Trifocal	Covered in full	Up to \$69 retail
Standard progressive	Covered in full	Up to \$52 retail
Premium, ultra or ultimate progressive	See description ⁴	Up to \$52 retail
Lenticular	Covered in full	Up to \$96 retail
Tints, solid or gradient	Covered in full	Not covered
Factory scratch coat	Covered in full	Not covered
Polycarbonate (children / adults)	Covered in full	Not covered
Ultraviolet coat	Covered in full	Not covered
Standard anti-reflective coat	Covered in full	Not covered
Premium, ultra or ultimate anti-reflective coat	See description ⁵	Not covered
Photochromic	Covered in full	Not covered
Contact lenses ⁶	\$150 retail allowance	Up to \$100 retail
Medically necessary contact lenses	Covered in full	Up to \$210 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 VDT eyeglasses / additional pair (active associates only) are covered up to a \$175 retail frame allowance only when received from Prime Eye Care or Visionworks. In order to be eligible for the VDT eyewear, one of the following differences from the first pair must apply: Prescription must have at least a ½ diopter difference, Seg height must have a 5.0mm difference, Spectacle lens type change. (e.g. single vision to bifocal).³ 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.

⁴ Premium and ultra progressive lenses are covered in full when received from Prime Eye Care or Visionworks only, ultimate progressive lenses are not available from these providers. Most of the other in-network providers participate in Superior Vision discounts and for these providers the applicable member out-of-pocket amounts for premium, ultra and ultimate progressive lenses are outlined under Superior Vision discount features/information.

⁵ Premium and ultra anti-reflective coating is covered in full when received from Prime Eye Care or Visionworks only, ultimate anti-reflective coating is not available from these providers. Most of the other in-network providers participate in Superior Vision discounts and for these providers the applicable member out-of-pocket amounts for premium, ultra and ultimate anti-reflective coating are outlined under Superior Vision discount features/information.

⁶ Contact lenses are in lieu of eyeglass lenses and frames benefit



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	10% off amount over allowance

Lens type*	Member out-of-pocket
Blue light filtering	\$15
Digital single vision	\$30
Progressive lenses	
Premium/Ultra/Ultimate	\$110 / \$150 / \$225
Anti-reflective coating	
Premium/Ultra/Ultimate	\$70 / \$85 / \$120
Polarized lenses	\$75
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

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.

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.

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 covered services. 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.

superiorvision.com

(800) 507-3800