



Purple Plan	
Co-Pays	
Exam	\$10
Materials ¹	\$20
Contact Lens Fitting	\$10
Monthly Premiums	
Emp. Only	\$8.94
Emp. + 1 dependent	\$12.90
Emp. + family	\$22.86
Services/Frequency	
Exam	1 per calendar year
Frames	1 per calendar year
Contact Lens Fitting	1 per calendar year
Lenses	1 per calendar year
Contact Lenses	1 per calendar year

Grey Plan	
Co-Pays	
Exam	\$10
Materials ¹	\$20
Contact Lens Fitting	\$10
Monthly Premiums	
Emp. Only	\$6.86
Emp. + 1 dependent	\$9.98
Emp. + family	\$17.90
Services/Frequency	
Exam	1 per calendar year
Frames	1 per 2 calendar years
Contact Lens Fitting	1 per calendar year
Lenses	1 per calendar year
Contact Lenses	1 per calendar year

Benefits	In-Network	Out-of-Network
Exam (MD)	Covered in Full	Up to \$42
Exam (OD)	Covered in Full	Up to \$36
Frames	\$150 retail allowance	Up to \$84
Contact Lens Fitting (standard ²)	Covered in Full	Not covered
Contact Lens Fitting (specialty ²)	\$50 retail allowance	Not covered
Lenses (standard) per pair		
Single Vision	Covered in Full	Up to \$28
Bifocal	Covered in Full	Up to \$42
Trifocal	Covered in Full	Up to \$56
Progressives	See description ³	Up to \$56
Contact Lenses ⁴	\$150 retail allowance	Up to \$100

	In-Network	Out-of-Network
	Covered in full	Up to \$42
	Covered in full	Up to \$36
	\$130 retail allowance	Up to \$70
	Covered in Full	Not covered
	\$50 retail allowance	Not covered
	Covered in Full	Up to \$28
	Covered in Full	Up to \$42
	Covered in Full	Up to \$56
	See description ³	Up to \$56
	\$120 retail allowance	Up to \$100

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

³ Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay

⁴ 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
- Lens options: 20% off retail
- Progressives: 20% off amount over retail lined trifocal lens, including lens options

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
Polycarbonate	\$40	20% off retail
High index 1.6	\$55	20% off retail
Photochromics	\$80	20% off retail

⁵ Discounts and maximums may vary by lens type. Please check with your provider.

Discounts on Non-Covered Exam and Materials

- Exams, frames, and prescription lenses: 30% off retail
- Lens options, contacts, other prescription materials: 20% off retail
- Disposable contact lenses: 10% off retail

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.

