



Vision plan benefits for Auburn University

Copays

| | |
|---|------|
| Exam | \$10 |
| Materials ¹ | \$20 |
| Contact lens fitting (standard & specialty) | \$20 |

Premiums

| | monthly | bi-weekly | semi-monthly |
|---------------|---------|-----------|--------------|
| Emp. only | \$6.77 | \$3.12 | \$4.51 |
| Emp. + family | \$16.87 | \$7.79 | \$11.24 |

Services/frequency

| | |
|----------------------|---------------------------------|
| Exam | 1 every calendar year |
| Frame | 1 every 2 calendar years |
| Contact lens fitting | 1 every calendar year |
| Lenses | 1 pair every calendar year |
| Contact lenses | 1 allowance every calendar year |

(Based on date of service)

Benefits through Superior National network

| | In-network | Out-of-network |
|--|------------------------|--------------------|
| Exam (ophthalmologist) | Covered in full | Up to \$34 retail |
| Exam (optometrist) | Covered in full | Up to \$26 retail |
| Frames | \$130 retail allowance | Up to \$63 retail |
| 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 \$26 retail |
| Bifocal | Covered in full | Up to \$39 retail |
| Trifocal | Covered in full | Up to \$49 retail |
| Standard progressive ³ | Covered in full | Up to \$39 retail |
| Contact lenses ⁴ | \$120 retail allowance | 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 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.

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

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 ⁵ |
|---------------------------------|-----------------------------------|
| Scratch coat | \$15 |
| Ultraviolet coat | \$12 |
| Tints, solid | \$15 |
| Tints, gradient | \$18 |
| Polycarbonate | \$40 |
| Blue light filtering | \$15 |
| Digital single vision | \$30 |
| Progressive lenses | |
| Premium/Ultra/Ultimate | \$110 / \$150 / \$225 |
| Anti-reflective coating | |
| 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.

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

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.

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.



Superior Vision Services, Inc. P.O. Box 967 Rancho Cordova, CA 95741 (800) 507-3800 superiorvision.com
 The Superior Vision Plan is underwritten by National Guardian Life Insurance Company, National Guardian Life Insurance Company is not affiliated with
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