

# Vision plan benefits for Washington Unified School District

You may choose from two plans: buy up plan, or base plan

### **Benefits through Superior National network**



Buy up plan		
Copays		
Exam	\$0	
Materials <sup>1</sup>	\$0	
Contact lens fitting	\$30	

Services/frequency	
Exam	12 months
Frames	12 months
Contact lens fitting	12 months
Lenses	12 months
Contact lenses	12 months

Materials	\$0
Contact lens fitting	\$30
Services/frequency	
Exam	12 months
Frames	24 months
Contact lens fitting	12 months
Lenses	24 months
Contact lenses	24 months

Base plan

\$0

Copays

Exam

Benefits	In-network	Out-of-network
Exam (MD)	Covered in full	Up to \$40
Exam (OD) Frames	Covered in full \$150 retail allowance	Up to \$30 Up to \$72
Contact lens fitting (standard²) Contact lens fitting (specialty²)	Covered in full \$50 retail allowance	Not covered Not covered
Lenses (standard) per pair	\$50 Tetali allowance	Not covered
Single vision	Covered in full	Up to \$32
Bifocal	Covered in full	Up to \$42
Trifocal	Covered in full	Up to \$58
Polycarbonate for dependent children	Covered in full	Not covered
Progressive lens upgrade	See description <sup>3</sup>	Up to \$58
Contact lenses <sup>4</sup>	\$130 retail allowance	Up to \$100

In-network	Out-of-network
Covered in full Covered in full \$100 retail allowance Covered in full \$50 retail allowance	Up to \$40 Up to \$30 Up to \$48 Not covered Not covered
Covered in full Covered in full Covered in full Covered in full See description <sup>3</sup> \$100 retail allowance	Up to \$32 Up to \$42 Up to \$58 Not covered Up to \$58 Up to \$80

Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements

#### 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

Specialty contact lens fit: 10% off retail, then apply allowance

#### Maximum member out-of-pocket

The following options have out-of-pocket maximums<sup>5</sup> on standard (not premium, brand, or progressive) lenses.

,	Single vision	Bifocal & trifocal
Scratch coat	\$13	\$13
Ultraviolet coat	\$15	\$15
Tints, solid or gradients	\$25	\$25
Anti-reflective coat	\$50	\$50
Polycarbonate for adults	\$40	20% off retail
High index 1.6	\$55	20% off retail
Photochromics	\$80	20% off retail

<sup>&</sup>lt;sup>5</sup> Discounts and maximums may vary by lens type. Please check with your provider.

# superiorvision.com

(800) 507-3800

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

Exams, frames, and prescription lenses: 30% off retail Lens options, contacts, miscellaneous options: 20% off retail Disposable contact lenses: 10% off retail Retinal imaging: \$39 maximum out-of-pocket

## Refractive surgery

Superior Vision has a nationwide network of independent refractive surgeons and partnerships with leading LASIK networks who offer members a discount. These discounts range from 10%-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.



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Materials co-pay applies to lenses and frames only, not contact lenses.

<sup>&</sup>lt;sup>2</sup> 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.

<sup>3</sup> 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.

<sup>&</sup>lt;sup>4</sup> Contact lenses are in lieu of eyeglass lenses and frames benefit.