



6683 Centerville Business Parkway
 Centerville, Ohio 45459
 www.superiordental.com
 800.762.3159 | 937.438.0283
 Find us on LinkedIn, Facebook, & Twitter!

FULLY-FUNDED VISION PLANS THROUGH SUPERIOR VISION

SDC offers fully-funded vision plans through Superior Vision. From Superior Vision's flexible plan options to expanded coverage and discounts, members gain superior value through the largest, most diverse network of premium vision care providers available. There are two different Superior Vision fully-funded plan options available through SDC.



Comprehensive Exam Ophthalmologist (MD)

Comprehensive Exam Optometrist (OD)

Standard Lenses

- Single Vision
- Bifocal
- Trifocal
- Lenticular

Contact Lenses¹

- Medically Necessary
- Cosmetic / Elective²
- Standard Contact Lens Fitting Exam³
- Specialty Contact Lens Fitting Exam³
- Frames Standard²

Monthly Rates

- 2-Tier
- 3-Tier
- 4-Tier

- 2-Tier
- 3-Tier
- 4-Tier

Plan Frequency

Comprehensive Exam	12 Months
Lenses	12 Months
Frames	24 Months
Contact Lenses	12 Months

Co-Payment

Exam	\$10
Materials	\$25
Contact Lens Fitting Exam	\$25

Lasik Services Discounted 20%

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OUTLINE OF BENEFITS - OPTION #1			
In-Network		Out-of-Network	
Covered in Full		Up to \$34	
Covered in Full		Up to \$26	
Covered in Full		Up to \$29	
Covered in Full		Up to \$43	
Covered in Full		Up to \$53	
Covered in Full		Up to \$84	
Covered in Full		Up to \$210	
Up to \$120		Up to \$100	
Covered in Full		Not Covered	
Up to \$50		Not Covered	
Up to \$125		Up to \$65	
Employer Paid / Bundled			
\$4.98	\$12.52		
\$4.98	\$9.68	\$14.20	
\$4.98	\$9.88	\$9.68	\$14.70
Voluntary			
\$7.80	\$19.58		
\$7.80	\$15.12	\$22.22	
\$7.80	\$15.42	\$15.10	\$22.98

OUTLINE OF BENEFITS - OPTION #2			
In-Network		Out-of-Network	
Covered in Full		Up to \$34	
Covered in Full		Up to \$26	
Covered in Full		Up to \$29	
Covered in Full		Up to \$43	
Covered in Full		Up to \$53	
Covered in Full		Up to \$84	
Covered in Full		Up to \$210	
Up to \$100		Up to \$100	
Covered in Full		Not Covered	
Up to \$50		Not Covered	
Up to \$100		Up to \$47	
Employer Paid / Bundled			
\$4.44	\$11.16		
\$4.44	\$8.62	\$12.68	
\$4.44	\$8.80	\$8.62	\$13.12
Voluntary			
\$6.82	\$17.12		
\$6.82	\$13.24	\$19.44	
\$6.82	\$13.50	\$13.24	\$20.12

In-Network Co-Pay: Paid to the in-network provider
Out-of-Network Co-Pay: Deducted from the out-of-network allowance at the time of reimbursement
Materials Co-Pay: Applies to lenses and/or frames, not contact lenses

1. Contact lenses are in lieu of eyeglass lenses and frames benefit.
2. The insured is responsible for paying any charges in excess of this allowance.
3. Standard contact lens fitting fee applies to an existing contact lens user who wears disposable, daily wear, or extended wear lenses only. The specialty contact lens fitting fee applies to new contact lens wearers and/or a member who wears toric, gas permeable, or multi-focal lenses. For the specialty fit, the member is responsible for any charges over \$50.

Underwriting Assumptions

All rates above are guaranteed for 3 years
 A minimum of 10 enrolled employees is required per option
 "Employer Paid/Bundled" - Employer pays 100% of the single rate and 0% for dependents

LEADING THE WAY IN DENTAL BENEFITS