



SDC offers Fully Funded Vision Plans through Superior Vision

Outline of Benefits - Option #1

Outline of Benefits - Option #2

Comprehensive Exam Ophthalmologist (MD):

Comprehensive Exam Optometrist (OD):

Standard Lenses:

Single Vision
Bifocal
Trifocal
Lenticular

Contact Lenses*:

Medically Necessary
Cosmetic-Elective**
Standard Contact Lens Fitting Exam***
Specialty Contact Lens Fitting Exam***
Frames Standard**

Monthly Rates:

	Employer Paid/Bundled			
2-Tier	\$4.98	\$12.52		
3-Tier	\$4.98	\$9.68	\$14.20	
4-Tier	\$4.98	\$9.88	\$9.68	\$14.70
	Voluntary			
2-Tier	\$7.80	\$19.58		
3-Tier	\$7.80	\$15.12	\$22.22	
4-Tier	\$7.80	\$15.42	\$15.10	\$22.98

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

Plan Frequency:

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

Co-Payment:

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

Lasik Services:

Discounted 20%.

In-Network co-pay: Paid to the in-network provider

Out-of-Network co-pay: Will be deducted from the out of network allowance at the time of reimbursement.

Materials co-pay: Applies to lenses and/or frames, not contact lenses.

*Contact lenses are in lieu of eyeglass lenses and frames benefit.

**The insured is responsible for paying any charges in excess of this allowance.

***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

www.superiorvision.com