



Superior offers Fully Funded Vision Plans through EyeMed



	Advantage Exam & Materials Option #1 - \$10/\$25, 12-12-24, \$100 Frame/\$115 Contact Lenses				Advantage Exam & Materials Option #2 - \$10/\$25, 12-12-24, \$120 Frame/\$135 Contact Lenses			
	In-Network		Out-of-Network		In-Network		Out-of-Network	
	Member Cost	Member Reimbursement	Member Cost	Member Reimbursement	Member Cost	Member Reimbursement	Member Cost	Member Reimbursement
Utilization Frequencies:								
Examinations			Once per 12 months				Once per 12 months	
Lenses or Contact Lenses			Once per 12 months				Once per 12 months	
Frames			Once per 24 months				Once per 24 months	
Benefits:								
Exam w/ Dialation as Necessary:	\$10 copay		Up to \$35		\$10 copay		Up to \$35	
Contact Lens Exam Options:								
Standard Contact Lens Fit and Follow-Up	Up to \$40		N/A		Up to \$40		N/A	
Premium Contact Lens Fit and Follow-Up	10% off Retail		N/A		10% off Retail		N/A	
Frames:								
Any available frame at provider location	\$0 copay, \$100 Allowance, 20% off balance over \$100		\$40		\$0 copay, \$120 Allowance, 20% off balance over \$120		\$48	
Standard Plastic Lenses:								
Single Vision	\$25 copay		Up to \$25		\$25 copay		Up to \$25	
Bifocal	\$25 copay		Up to \$40		\$25 copay		Up to \$40	
Trifocal	\$25 copay		Up to \$60		\$25 copay		Up to \$60	
Standard Progressives	\$110 copay		Up to \$40		\$110 copay		Up to \$40	
Premium Progressives	\$85, 70% of charge less \$110 Allowance		Up to \$40		\$85, 70% of charge less \$110 Allowance		Up to \$40	
Lenze Options:								
Tint (Solid and Gradient)	\$12		N/A		\$12		N/A	
UV Coatng	\$12		N/A		\$12		N/A	
Standard Scratch-Resistance	\$12		N/A		\$12		N/A	
Standard Polycarbonate	\$35		N/A		\$35		N/A	
Standard Anti-Relective	\$40		N/A		\$40		N/A	
Other Add-Ons and Services	30% off Retail Price		N/A		30% off Retail Price		N/A	
Contact Lenses:								
Conventional	\$115 Allowance, 15% off balance over \$115		\$81		\$135 Allowance, 15% off balance over \$135		\$95	
Disposable	\$115 Allowance, plus balance over \$115		\$81		\$135 Allowance, plus balance over \$135		\$95	
Medically Necessary	\$0 Copay, Paid-in-Full		\$200		\$0 Copay, Paid-in-Full		\$200	
Additional Discounts:	40% discount off complete pair eyeglass purchases and 15% discount off conventional contact lenses once the funded benefit has been used.		N/A		40% discount off complete pair eyeglass purchases and 15% discount off conventional contact lenses once the funded benefit has been used.		N/A	
Lasik and PRK Vision Correction:	15% off retail price OR 5% off promotional price		N/A		15% off retail price OR 5% off promotional price		N/A	
Rates for Groups 10-500:	<i>Employer Paid/Bundled</i>		<i>100% Employee Paid</i>		<i>Employer Paid/Bundled</i>		<i>100% Employee Paid</i>	
	<u>3-Tier</u>	<u>4-Tier</u>	<u>3-Tier</u>	<u>4-Tier</u>	<u>3-Tier</u>	<u>4-Tier</u>	<u>3-Tier</u>	<u>4-Tier</u>
Employee Only	\$3.72	\$3.72	\$4.88	\$4.88	\$4.12	\$4.12	\$5.44	\$5.44
Emp + Spouse/Emp + 1	\$7.04	\$7.04	\$9.28	\$9.28	\$7.84	\$7.84	\$10.32	\$10.32
Employee+Child/Children	-	\$7.40	-	\$9.76	-	\$8.24	-	\$10.84
Employee+Family	\$10.32	\$10.88	\$13.60	\$14.36	\$11.52	\$12.12	\$15.16	\$15.96
Rates for Groups 501-2000:								
Employee Only	\$3.48	\$3.48	\$4.64	\$4.64	\$3.88	\$3.88	\$5.16	\$5.16
Emp + Spouse/Emp + 1	\$6.56	\$6.56	\$8.80	\$8.80	\$7.32	\$7.32	\$9.80	\$9.80
Employee+Child/Children	-	\$6.92	-	\$9.28	-	\$7.72	-	\$10.28
Employee+Family	\$9.64	\$10.12	\$12.92	\$13.60	\$10.76	\$11.32	\$14.36	\$15.12