

Copays

Exam

Emp. only

Emp. + spouse

Emp. + family

Exam

Frames

Emp. + child(ren)

Services/frequency

Materials¹

Contact lens fitting

Monthly premiums



Enhanced plan

\$10

\$20

\$25

\$11.04

\$21.82

\$21.39

\$32.51

1 per calendar year

1 per calendar year

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Vision plan benefits for University of Arkansas System

Basic plan

You may choose from two plans: basic plan and enhanced plan

\$10

\$20

\$25

\$5 47

\$10.86

\$10.63

\$16.16

1 per calendar year

1 per 2 calendar years

Benefits through Superior National network



	Contact lens fitting	1 per calendar year	Contact lens fitting	1 per calendar year
	Lenses 1 pa	ir per calendar year	Lenses 1 p	air per calendar year
	Contact lenses 1 allowance per calendar year		Contact lenses 1 allowance per calendar year	
Benefits	In-network	Out-of-network	In-network	Out-of-network
Exam (MD)	Covered in full	Up to \$42	Covered in full	Up to \$42
Exam (OD)	Covered in full	Up to \$36	Covered in full	Up to \$36
Frames	\$125 retail allowance	Up to \$70	\$150 retail allowance	Up to \$84
Contact lens fitting (standard ²)	Covered in full	Not covered	Covered in full	Not covered
Contact lens fitting (specialty ²)	\$50 retail allowance	Not covered	\$50 retail allowance	Not covered
Lenses (standard) per pair				
Single vision	Covered in full	Up to \$28	Covered in full	Up to \$28
Bifocal	Covered in full	Up to \$42	Covered in full	Up to \$42
Trifocal	Covered in full	Up to \$56	Covered in full	Up to \$56
Progressives	See description ³	Up to \$56	Covered in full ⁴	Up to \$42
	See discount features below	Not covered	Covered in full	Not covered
Ultraviolet coat	See discount features below	Not covered	Covered in full	Not covered
Contact lenses ⁵	\$120 retail allowance	Up to \$100	\$150 retail allowance	Up to \$100

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

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 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. ⁴ If premium progressive lenses are selected, members receive an allowance based on the provider's charges for standard progressive lenses

⁵ 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
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

Specialty contact lens fit: Maximum member out-of-pocket

The following options have out-of-pocket maximums⁶ 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	\$40	20% off retail
High index 1.6	\$55	20% off retail
Photochromics	\$80	20% off retail

⁶ 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: Lens options, contacts, miscellaneous op		30% off retail 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.

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 The Guardian Life Insurance Company of America, AKA The Guardian or Guardian Life

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