



## Vision plan benefits for Rankin County School District

Copays		Monthly premiums		Services/frequency	
Exam	\$10	Emp. only	\$9.12	Exam	12 months
Materials <sup>1</sup>	\$20	Emp. + spouse	\$17.95	Frame	12 months
Contact lens fitting (standard & specialty)	\$30	Emp. + children	\$17.61	Contact lens fitting	12 months
		Emp. + family	\$26.72	Lenses	12 months
				Contact lenses	12 months

(Based on date of service)

### Benefits through Superior National network

	In-network	Out-of-network
Exam (ophthalmologist)	Covered in full	Up to \$34 retail
Exam (optometrist)	Covered in full	Up to \$26 retail
Frames	\$150 retail allowance	Up to \$81 retail
Contact lens fitting (standard <sup>2</sup> )	Covered in full	Not covered
Contact lens fitting (specialty <sup>2</sup> )	\$50 retail allowance	Not covered
Lenses (standard) per pair		
Single vision	Covered in full	Up to \$26 retail
Bifocal	Covered in full	Up to \$39 retail
Trifocal	Covered in full	Up to \$49 retail
Progressives (standard) <sup>3</sup>	Covered in full	Up to \$39 retail
Polycarbonate	Covered in full	Not covered
Factory scratch coat	Covered in full	Not covered
Contact lenses <sup>4</sup>	\$150 retail allowance	Up to \$100 retail

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

<sup>1</sup> Materials co-pay applies to lenses and frames only, not contact lenses

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

<sup>4</sup> 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.

[superiorvision.com](http://superiorvision.com)

(800) 507-3800

#### Discounts on covered materials

Frames:	20% off amount over allowance
Lens options:	20% off retail
Progressives:	20% off amount over retail standard progressive lens, including lens options
Specialty contact lens fit:	10% off retail, then apply allowance

#### 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

#### 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
Ultraviolet coat	\$15	\$15
Tints, solid or gradients	\$25	\$25
Anti-reflective coat	\$50	\$50
High index 1.6	\$55	20% off retail
Photochromics	\$80	20% off retail

#### 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.

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

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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