



# SuperiorVision®

## Vision plan benefits for Wake Forest University

| Copays   |      | Monthly premiums   |         | Services/frequency   |           |
|--|------|--------------------|---------|----------------------|-----------|
| Materials <sup>1</sup>                         | \$15 | Emp. only          | \$6.18  | Frame                | 24 months |
| Contact lens fitting<br>(standard & specialty) | \$35 | Emp. + 1 dependent | \$11.96 | Contact lens fitting | 12 months |
|  |      | Emp. + family      | \$17.58 | Lenses               | 12 months |
|  |      |                    |         | Contact lenses       | 12 months |

(based on date of service)

### Benefits through Superior National network

|  | In-network                   | Out-of-network     |
|--|------------------------------|--------------------|
| Frames   | \$175 retail allowance       | Up to \$89 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 \$34 retail  |
| Bifocal  | Covered in full              | Up to \$48 retail  |
| Trifocal                                       | Covered in full              | Up to \$64 retail  |
| Progressive lens upgrade                       | See description <sup>3</sup> | Up to \$64 retail  |
| 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> 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.

<sup>4</sup> Contact lenses are in lieu of eyeglass lenses and frames benefit

### Discount features

#### Discounts on covered materials<sup>5</sup>

These discounts apply to the glasses and contacts that are covered under the vision benefits.

|                       |                               |
|-----------------------|-------------------------------|
| Frames:               | 20% off amount over allowance |
| Conventional contacts | 20% off amount over allowance |
| Disposable contact    | 10% off amount over allowance |

#### Discounts on non-covered exam, services and materials<sup>5</sup>

|   |                            |
|---|----------------------------|
| Exams, frames, and prescription lenses: | 30% off retail             |
| Contacts, miscellaneous options:        | 20% off retail             |
| Disposable contact lenses:              | 10% off retail             |
| Retinal imaging:                        | \$39 maximum out-of-pocket |

#### Laser vision correction (LASIK)<sup>5</sup>

Laser vision correction (LASIK) is a procedure that can reduce or eliminate your dependency on glasses or contact lenses. This corrective service is available to you and your eligible dependents at a special discount (20-50%) with your Superior Vision plan. Contact QualSight LASIK at (877) 201-3602 for more information.

#### Hearing discounts<sup>5</sup>

A National Hearing Network of hearing care professionals, featuring Your Hearing Network, offers Superior Vision members discounts on services, hearing aids and accessories. These discounts should be verified prior to service.

*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.*

North Carolina residents: Please contact our customer service department if you are unable to secure a timely (at least 30 days) appointment with your provider or need assistance finding a provider within a reasonable distance (30 miles) of your residence. Adjustments to your benefits may be available

\* The above table highlights some of the most popular lens type and is not a complete listing. This table outlines member out-of-pocket costs<sup>5</sup> and are not available for premium/upgraded options unless otherwise noted.

<sup>5</sup>Not all providers participate in Superior Vision Discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if he/she offers the discount and member out-of-pocket features. The discount and member out-of-pocket features are not insurance. Discounts and member out-of-pocket are subject to change without notice and do not apply if prohibited by the manufacturer. Lens options may not be available from all Superior Vision providers/all locations.

*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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