# Vision plan benefits for Fond Du Lac County

You may choose from two plans: exam & materials plan, or materials only plan

**Benefits through Superior Select Midwest network**

| Exam & materials plan | |
|---|---|
| **Deductibles** | |
| Exam | $0 |
| Materials | $0 |
| **Services/frequency** | |
| Exam | 12 months |
| Frames | 24 months |
| Lenses | 12 months |
| Contact lenses | 12 months |

| Materials only plan | |
|---|---|
| **Deductibles** | |
| Exam | N/A |
| Materials | $0 |
| **Services/frequency** | |
| Exam | N/A |
| Frames | 24 months |
| Lenses | 12 months |
| Contact lenses | 12 months |

| **Benefits** | In-network | Out-of-network | In-network | Out-of-network |
|---|---|---|---|---|
| Exam | Covered in full | Up to $35 | N/A | N/A |
| Frames | $100 retail allowance | Up to $50 | $100 retail allowance | Up to $50 |
| Lenses (standard) per pair | | | | |
| Single vision | Covered in full | Up to $25 | Covered in full | Up to $25 |
| Bifocal | Covered in full | Up to $40 | Covered in full | Up to $40 |
| Trifocal | Covered in full | Up to $45 | Covered in full | Up to $45 |
| Progressive | See description[1] | Up to $45 | See description[1] | Up to $45 |
| Lenticular | Covered in full | Up to $80 | Covered in full | Up to $80 |
| Contact lenses[2] | $125 retail allowance | Up to $100 | $125 retail allowance | Up to $100 |
| Medically necessary contact lenses | Covered in full | Up to $150 | Covered in full | Up to $150 |
| LASIK vision correction[3] | $200 allowance | $200 allowance | $200 allowance | $200 allowance |

Deductibles apply to in-network benefits only

*[1]Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable deductible*

*[2] Contact lenses and related professional services (fitting, evaluation and follow-up) are covered in lieu of eyeglass lenses and frames benefit*

*[3] Lasik Vision Correction is in lieu of eyewear benefit, subject to routine regulatory filings and certain exclusions and limitations*

## 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**

**(800) 507-3800**

### 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 |

### Maximum member out-of-pocket

The following options have out-of-pocket maximums[4] 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 |

*[4] Discounts and maximums may vary by lens type. Please check with your provider.*

### 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 |

### 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.*

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