

Vision

Benefits through Superior National network

	In-network	Out-of-network
Exam (ophthalmologist)	Covered in full	Up to \$60 retail
Exam (optometrist)	Covered in full	Up to \$52 retail
Frames	\$175 retail allowance	Up to \$112 retail
Contact lens fitting (standard ²)	Covered in full	Up to \$37 retail
Contact lens fitting (specialty ²)	\$50 retail allowance	Up to \$37 retail
Lenses (standard) per pair		
Single vision	Covered in full	Up to \$45 retail
Bifocal	Covered in full	Up to \$65 retail
Trifocal	Covered in full	Up to \$86 retail
Progressive	See description ³	Up to \$86 retail
Lenticular	Covered in full	Up to \$119 retail
Polycarbonate for dependent children	Covered in full	Not Covered
Contact lenses ⁴	\$175 retail allowance	Up to \$158 retail
Medically necessary contact lenses	Covered in full	Up to \$233 retail

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

¹ 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 Contact lenses are in lieu of eyeglass lenses and frames benefit