

# Vision plan benefits for Kleen -Tech

# Corporate Employees

Copays		Services/frequency	
Exam	\$20	Exam	12 months
Materials <sup>1</sup>	\$20	Frame	24 months
Contact lens fitting	\$20	Contact lens fitting	12 months
(standard & specialty)		Lenses	12 months
		Contact lenses	12 months

(based on date of service)

## Benefits through Superior National network

	<u>In-network</u>	Out-of-network
Exam (ophthalmologist)	Covered in full	Up to \$34 retail
Exam (optometrist)	Covered in full	Up to \$26 retail
Frames	\$100 retail allowance	Up to \$48 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 \$28 retail
Bifocal	Covered in full	Up to \$42 retail
Trifocal	Covered in full	Up to \$58 retail
Progressive lens upgrade	See description <sup>3</sup>	Up to \$58 retail
Contact lenses <sup>4</sup>	\$100 retail allowance	Up to \$80 retail
apply to in-network benefits: co-pays for out-of-network	visits are deducted from reimbursements	•

#### 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 10% off amount over allowance Disposable contact

Lens type*	Member out-of-pocket <sup>5</sup>			
Scratch coat	\$15			
Ultraviolet coat	\$12			
Tints, solid	\$15			
Tints, gradient	\$18			
Polycarbonate	\$40			
Blue light filtering	\$15			
Digital single vision	\$30			
Progressive lenses				
Standard/Premium/Ultra/Ultimate	\$55 / \$110 / \$150 / \$225			
Anti-reflective coating				
Standard/Premium/Ultra/Ultimate	\$50 / \$70 / \$85 / \$120			
Polarized lenses	\$75			
Plastic photochromic lenses	\$80			
High Index (1.67 / 1.74)	\$80 / \$120			
* The characterist bight come of the most popular long type and is				

<sup>\*</sup> 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

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

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

### Laser vision correction (LASIK)5

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.

Colorado residents: Go to our website to review the Network Access Plan. If you need assistance finding a provider within a reasonable distance of your residence, contact our customer service department.

<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.



The Guardian Life Insurance Company of America, AKA The Guardian or Guardian Life NVIGRP 5-07 0623-BSv2/CO

Materials co-pay applies to lenses and frames only, not contact lenses

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