

Superior Vision Plan

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Welcome to the Superior Vision Plan!

The Superior Vision Plan is the *premier* national managed care vision program delivering exceptional eye care services to you and your family. This comprehensive plan provides primary vision care benefits which may include eye examinations, prescription lenses, eye glass frames and contact lenses. To thoroughly understand your schedule of benefits and services covered by your plan, go online to www.superiorvision.com. Services are provided through an unparalleled provider panel of ophthalmologists (MD), optometrists (OD), independent opticians, and national and regional optical chains. Our provider panel gives *you* the freedom to choose the provider that best meets your needs.

A "Quick Start" Guide to Using Your Superior Vision Plan

Here's what you do when using an in-network provider:

1. Identify yourself to the in-network provider as a member of the Superior Vision Plan. You can use the attached ID card for this purpose, or simply give the provider your name, employer name, and your unique member number. The provider will verify your eligibility and obtain an authorization number.
2. Once eligibility is established, you pay the provider directly for any appropriate co-payments or charges above your covered benefits. That's it - there is nothing else you need to do. The in-network provider handles all claims and paperwork, so you don't have to worry.

Here's what you do when using an out-of-network provider:

1. To receive services from an out-of-network provider, first call our Member Services Department at 800-507-3800 to receive your own authorization number. Making this call first assured your eligibility and reimbursement for eligible costs, which is why it is so important.
2. After receiving services and paying in-full for the examination and/or materials, you submit your original itemized billing receipt received from the provider **and** your authorization number, to our Claims Administration office.
3. You will be reimbursed according to a pre-determined reimbursement for out-of-network benefits. Co-payments may be taken out of your reimbursement.

**Please visit the ultimate resource for plan information:
WWW.SUPERIORVISION.COM.**

Our website enables you to print additional ID cards, find a provider in your area, and review your benefit plan. You can also find additional valuable information about the Superior Vision Plan, nominate a provider to become part of our panel or email our customer service department.

Frequently Asked Questions

Q: How do I know which services are provided by different providers?

A: The Superior Vision Plan provider directory, available online at www.superiorvision.com, includes a key printed under the provider's name.

The key includes:

EX=Eye Exam GL=Eyeglasses CL=Contact Lenses
CLF=Contact Lens Exam Fitting Fee DP=Discount Plan
DP8-20=SVP8-20 Discount Plan RF=Refractive Surgery
**=Services Not Available

Q: Under what circumstances would I pay anything directly to the in-network provider?

A: You pay the provider directly for the following: any applicable co-payments, any charges over and above your applicable frame or contact lenses allowance, or any additional charges for products or services not fully covered under your plan.

Q: Am I able to get my eye exam at one location and the materials at another?

A: Yes, however each provider will need to call us to get an authorization number and verify your eligibility.

Q: Do I need to show my ID card to the provider to receive services?

A: No, but presenting your card does help the provider identify you and the plan under which you are covered. The ID card below can be used for all covered dependents.

Q: What does "covered-in-full" mean related to my prescription lens benefit?

A: The vision plan is designed to cover "basic" lenses. Add-on charges for specialty lenses and lens applications may not be covered. Any extra charges related to lens options should be paid directly to the provider.

IMPORTANT: I.D. CARD ATTACHED

PLEASE REMOVE CARD AND RETAIN FOR USE - ONE I.D. CARD SUPPLIED PER FAMILY

Member Services Help Lines

Authorization Number (out-of-network): 800-507-3800
Benefit Explanation: 800-507-3800
Claims Inquiry (out-of-network): 800-507-3800
Grievance Issues: 800-507-3800
Provider Nomination: 800-923-6766

Member Services/Claims Administration Office

P.O. Box 308
Rancho Cordova, CA 95741
Web Site: www.superiorvision.com



Superior Vision Plan

Sample

EX/LS/FR/CL every 12 months
Frame Allowance: \$100
C/L, Elective: \$120
Exam Co-pay: \$10
Frame/Lens Co-pay: \$15
Discount Plan SVP8-20
GOLD PLAN

EE+FAM
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