



## Vision plan benefits for City of Tampa

### Copays

Exam	\$0
Materials <sup>1</sup>	\$15
Contact lens fitting (standard & specialty)	\$30

### Monthly premiums

Emp. only	\$4.92
Emp. + 1 dependent	\$9.86
Emp. + family	\$16.47

### Services/frequency

Exam	1 per plan year
Frame	1 per plan year
Contact lens fitting	1 per plan year
Lenses	1 pair per plan year
Contact lenses	1 allowance per plan year

### Benefits through Superior National network

	In-network	Out-of-network
Exam (ophthalmologist)	Covered in full	Up to \$33 retail
Exam (optometrist)	Covered in full	Up to \$28 retail
Frames	\$150 retail allowance	Up to \$70 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 \$40 retail
Trifocal	Covered in full	Up to \$53 retail
Standard progressive <sup>3</sup>	Covered in full	Up to \$40 retail
Polycarbonate for children to age 19	Covered in full	Not covered
Tints	Covered in full	Not covered
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> If premium progressive lenses are selected, members receive an allowance based on the provider's charges for standard progressive lenses

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

### 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.

#### Discounts on covered materials

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

Lens type*	Member out-of-pocket <sup>5</sup>
Scratch coat	\$15
Ultraviolet coat	\$12
Polycarbonate for adults	\$40
Blue light filtering	\$15
Digital single vision	\$30
<b>Progressive lenses</b>	
Premium/Ultra/Ultimate	\$110 / \$150 / \$225
<b>Anti-reflective coating</b>	
Standard/Premium/Ultra/Ultimate	\$50 / \$70 / \$85 / \$120
Polarized lenses	\$75
Plastic photochromic lenses	\$80
High Index (1.67 / 1.74)	\$80 / \$120

\* The above table highlights some of the most popular lens type and is not a complete listing.

<sup>5</sup> Discounts and maximums may vary by lens type. Please check with your provider

Discounts are subject to change without notice.

[superiorvision.com](http://superiorvision.com)

(800) 507-3800

#### Discounts on non-covered exam, services and materials

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)

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

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.

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.

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.

Superior Vision Services, Inc. P.O. Box 967 Rancho Cordova, CA 95741 (800) 507-3800 superiorvision.com

The Superior Vision Plan is underwritten by National Guardian Life Insurance Company. National Guardian Life Insurance Company is not affiliated with The Guardian Life Insurance Company of America, AKA The Guardian or Guardian Life

