

Vision Plan Benefits for School Board of Lake County

You may choose from two plans: Enhanced Plan, or Basic Plan

Benefits through Superior National Network



Enhanced Plan		
Co-Pays		
Exam	\$10	
Materials ¹	\$20	
Contact Lens Fitting	\$25	
Per Pay Period Premiums		
Emp. only	\$5.93	
Emp. + family	\$14.89	
Services/Frequency		
Exam	12 months	
Frames	12 months	
Contact Lens Fitting	12 months	
Lenses	12 months	
Contact Lenses ⁶	12 months	
Benefits		
	In-Network	Out-of-Network
Exam (MD)	Covered in full ²	Up to \$33
Exam (OD)	Covered in full ²	Up to \$28
Frames	\$175 retail allowance ²	Up to \$81
Contact Lens Fitting (standard)	Covered in full ²	Not covered
Contact Lens Fitting (specialty ³)	\$50 retail allowance ²	Not covered
Lenses (standard) per pair		
Single Vision	Covered in full ²	Up to \$29
Bifocal	Covered in full ²	Up to \$43
Trifocal	Covered in full ²	Up to \$53
Progressive lens upgrade	Covered in full ⁴	Up to \$43
Contact Lenses ⁶	\$175 retail allowance	Up to \$100
Medically Necessary Contact Lenses ⁶	Covered in full	Up to \$210

Basic Plan		
Co-Pays		
Exam	\$10	
Materials ¹	\$20	
Contact Lens Fitting	\$25	
Per Pay Period Premiums		
Emp. only	\$3.85	
Emp. + family	\$9.67	
Services/Frequency		
Exam	12 months	
Frames	24 months	
Contact Lens Fitting	12 months	
Lenses	12 months	
Contact Lenses ⁶	12 months	
Benefits		
	In-Network	Out-of-Network
Exam (MD)	Covered in full ²	Up to \$33
Exam (OD)	Covered in full ²	Up to \$28
Frames	\$100 retail allowance ²	Up to \$47
Contact Lens Fitting (standard)	Covered in full ²	Not covered
Contact Lens Fitting (specialty ³)	\$50 retail allowance ²	Not covered
Lenses (standard) per pair		
Single Vision	Covered in full ²	Up to \$29
Bifocal	Covered in full ²	Up to \$43
Trifocal	Covered in full ²	Up to \$53
Progressive lens upgrade	See description ⁵	Up to \$53
Contact Lenses ⁶	\$100 retail allowance	Up to \$100
Medically Necessary Contact Lenses ⁶	Covered in full	Up to \$210

¹ Materials co-pay applies to lenses and frames only, not contact lenses

² After co-pay. Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements

³ Specialty contact lens fitting applies to new contact wearers and/or a member who wear toric, gas permeable, or multi-focal lenses

⁴ If premium progressive lenses are selected, members receive an allowance based on the provider's charges for standard progressive lenses

⁵ 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

⁶ 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
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 maximums⁵ 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

⁵ Discounts and maximums may vary by lens type. Please check with your provider.

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.

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.

