



Vision plan benefits for New Holstein School District

Deductibles		Monthly premiums		Services/frequency	
Exam	\$0	Emp. only	\$10.04	Exam	12 months
Materials	\$0	Emp. + limited family*	\$20.07	Frame	24 months
		Emp. + family	\$26.57	Lenses	12 months
				Contact lenses	12 months

(Based on date of service)

Benefits through Superior Select Midwest

	In-network	Out-of-network
Exam	Covered in full	Up to \$35 retail
Frames	\$150 retail allowance	Up to \$75 retail
Lenses (standard) per pair		
Single vision	Covered in full	Up to \$25 retail
Bifocal	Covered in full	Up to \$40 retail
Trifocal	Covered in full	Up to \$45 retail
Progressive	See description ¹	Up to \$45 retail
Lenticular	Covered in full	Up to \$80 retail
Contact lenses ²	\$175 retail allowance	Up to \$150 retail
Medically necessary contact lenses	Covered in full	Up to \$150 retail
LASIK vision correction ³		\$200 allowance

Deductibles apply to in-network benefits only

¹Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable deductible

²Contact lenses and related professional services (fitting, evaluation and follow-up) are covered in lieu of eyeglass lenses and frames benefit

³Lasik Vision Correction is in lieu of eyewear benefit, subject to routine regulatory filings and certain exclusions and limitations

*Limited family – employee and spouse or employee and child(ren)

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.

superiorvision.com

(800) 507-3800

Discounts on covered materials

Frames:	20% off amount over allowance
Lens options:	20% off retail
Progressives:	20% off amount over retail lined trifocal lenses, including lens options
Specialty contact lens fit:	10% off retail, then apply allowance

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

Maximum member out-of-pocket

The following options have out-of-pocket maximums⁴ 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

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.

⁴ Discounts and maximums may vary by lens type. Please check with your provider.

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.

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.