

# Vision Benefits



Voluntary Vision Plan – Superior Vision National Network	In-Network	Out-of-Network
<b>Eye Examination</b> Comprehensive exam Retinal Imaging	\$10 copay Up to \$39 copay	\$45 allowance after \$0 copay Applied to the exam allowance
<b>Materials – Glasses</b> Corrective Lenses: Single vision Lined bifocal Lined trifocal Lenticular	\$10 copay \$10 copay \$10 copay \$10 copay	\$30 allowance \$50 allowance \$65 allowance \$100 allowance
<b>Materials – Contact Lens</b> Necessary Elective	Covered in full \$125 allowance	\$210 allowance \$105 allowance

Vision	
Single	\$0.00
Employee + Spouse	\$2.31
Employee + Child(ren)	\$3.16
Employee + Family	\$5.51



\*This is not a complete listing of the plan benefits, please refer to the summary.  
 \*\*Any discrepancies in the above, please note that the insurance plan document will govern.