

SUPERIOR VISION

See yourself healthy.

Vision Plan Benefits for The Protestant Episcopal Church in the Diocese of South Carolina VEBA Trust

Co-Pays	
Exam	\$10
Materials ¹	\$20
Contact Lens Fitting (standard & specialty)	\$25

Monthly Premiums	
Emp. only	\$7.25
Emp. + spouse	\$14.51
Emp. + child(ren)	\$16.42
Emp. + family	\$25.39

Services/Frequency	
Exam	12 months
Frame	24 months
Contact Lens Fitting	12 months
Lenses	12 months
Contact Lenses	12 months

(Based on date of service)

Benefits

	In-Network	Out-of-Network
Exam (Ophthalmologist)	Covered in full	Up to \$34 retail
Exam (Optometrist)	Covered in full	Up to \$26 retail
Frames	\$150 retail allowance	Up to \$74 retail
Contact Lens Fitting (standard)	Covered in full	Not covered
Contact Lens Fitting (specialty ²)	\$50 retail allowance	Not covered
Lenses (standard) per pair		
Single Vision	Covered in full	Up to \$29 retail
Bifocal	Covered in full	Up to \$43 retail
Trifocal	Covered in full	Up to \$53 retail
Progressive lens upgrade	See description ³	Up to \$53 retail
Contact Lenses ⁴	\$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

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

² The specialty contact lens fitting is for new contact lens wearers and/or a member who wears toric, gas permeable, or multifocal lenses.

³ 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

⁴ 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

The following options have out-of-pocket maximums⁵ on standard (not premium, brand, or progressive) lenses.

	Maximum Member Out-of-Pocket	
	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

Discounts on Non-Covered Exam and Materials

Exams, frames, and prescription lenses:	30% off retail
Lens options, contacts, other prescription materials:	20% off retail
Disposable contact lenses:	10% off retail

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



Refractive Surgery

Superior Vision has a nationwide network of refractive surgeons and leading LASIK networks who offer members a discount. These discounts range from 15%-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.

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

NVIGRP 5-07

1014-BSv2/SC



SUPERIOR VISION

VISION INSURANCE

Underwritten by National Guardian Life Insurance Company

Administered by:
Superior Vision Services
11101 White Rock Road
Rancho Cordova, CA 95670



Enrollment / Change Form

Please print and complete all sections.

GROUP/EMPLOYEE INFORMATION A: Add (enroll) T: Terminate C: Change (change of name or coverage)					
Group Name The Protestant Episcopal Church in the Diocese of South Carolina VEBA Trust		Group Number 33083	Location	Effective Date	Date of Hire
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name	First Name	M.I.	Date of Birth
Home Street Address		City/State/Zip		Home Phone ()	Work Phone ()
Email Address				Cell Phone ()	

ELECTION(S)

Employee Only <input type="checkbox"/>	Employee + Spouse <input type="checkbox"/>	Employee + Children <input type="checkbox"/>	Employee + Family <input type="checkbox"/>	Waived due to other coverage <input type="checkbox"/>	Waive <input type="checkbox"/>
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FAMILY INFORMATION (Only those eligible may be enrolled.) A: Add (enroll) T: Terminate C: Change (change of name or coverage)						
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (spouse)	First Name	M.I.	Date of Birth	
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name	M.I.	Date of Birth	Child unmarried and full-time student or handicapped? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name	M.I.	Date of Birth	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name	M.I.	Date of Birth	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name	M.I.	Date of Birth	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name	M.I.	Date of Birth	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employee Signature: _____ Date: _____

Do you or any of your dependents have other vision insurance? Yes No
 If yes, please give: Policyholder _____ and Insurance Company _____.
 Declination of coverage must be accompanied by the Employee's signature above.

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

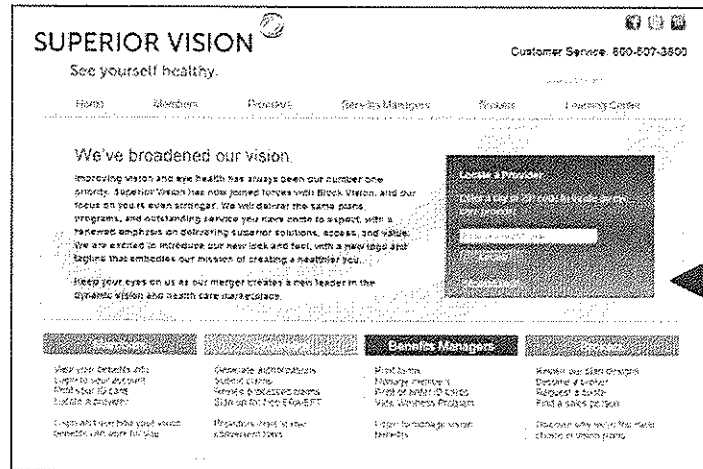
Finding In-Network Providers

Unparalleled Provider Network

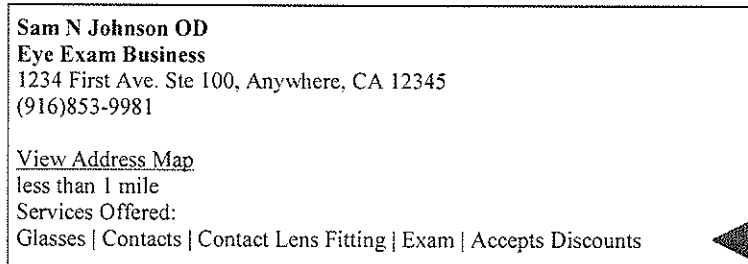
Superior Vision has one of the nations broadest provider network, consisting of ophthalmologists, optometrists, and national and regional optical chain locations. Finding the right eye care provider for you is easy.

1. Login to SuperiorVision.com. Enter your zip code in the Locate an Eye Care Provider box.

You may also click the Advanced Search link to find a provider by entering the zip code and either the provider's name or practice name. From the Advanced Search, you can also select the mile radius in which you would like the search to take place. Click "Search."



2. Review the list of eye care providers, and choose a provider. Make sure to review the services offered and the provider's acceptance of discounts.



Not all providers at each office or optical store location are network providers, so make sure to verify provider participation before you schedule your appointment.

3. You may also call Customer Service at 800.507.3800 for assistance in locating a provider.