



## Superior Vision Indiana—2018

Superior Dental Care (SDC) offers exclusive fully-funded Superior Vision plans as part of a bundled benefits package with any SDC dental plan. Superior Vision plans offer expanded coverage and discounts through a broad provider network of MDs, ODs and optical retail chains. **Bundling a Superior Vision plan with your SDC dental plan** gives you the convenience of one-source enrollment, installation and billing for both dental and vision. Employer groups with 500-1,000 enrolled employees or more may be eligible for custom underwritten plans/rates based on the group's specifications. Groups with 1,001 or more enrolled employees will receive custom underwritten plans/rates.

**To be eligible for one of the Superior Vision plans, your group must first select an SDC dental plan.**

Once your group is enrolled in an active SDC dental plan, simply add a Superior Vision plan to complete your Superior Wellness dental and vision bundle! It's just that easy to bundle with SDC!

### Rate assumptions:

- Your group must be enrolled in an active SDC dental plan in order to be eligible for the Superior Vision plans and rates.
- Rate guarantee: Follows the rate guarantee offered on the dental quote/rate sheet.

### Eligibility requirements:

- Your group and its enrolled employees must be enrolled in an active SDC dental plan before electing a Superior Vision plan. Employees who do not enroll in your group's SDC dental plan are not eligible to enroll in the Superior Vision plan selected by your group.**
- Minimum 2 enrolled employees up to 1,000 enrolled employees.
- Tied to Dental Option: Vision enrollment is tied to the dental enrollment.
- Employer Paid Option: The employer pays 100% of the employee premium and 0% of the dependent premium.
- Voluntary Option: The employer pays 0% of the employee premium and 0% of the dependent premium.

Groups must select one vision plan—dual option is not available.

The proposed rates are based on meeting the criteria above. These rates are subject to change if the above criteria is not met as described.

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

All allowances are at a retail value; the insured is responsible for any charges in excess of this retail allowance.

## Indiana Superior Vision Plans

|   | SV105                             |                | SV106                             |                |
|---|-----------------------------------|----------------|-----------------------------------|----------------|
|   | In Network                        | Out of Network | In Network                        | Out of Network |
| Exam Ophthalmologist (MD)                   | Covered in full                   | Up to \$34     | Covered in full                   | Up to \$34     |
| Exam Optometrist (OD)                       | Covered in full                   | Up to \$26     | Covered in full                   | Up to \$26     |
| Frames                                      | <b>\$130</b> retail allowance     | Up to \$61     | <b>\$100</b> retail allowance     | Up to \$46     |
| Standard Contact Lens Fitting <sup>1</sup>  | Covered in full                   | Not covered    | Covered in full                   | Not covered    |
| Specialty Contact Lens Fitting <sup>1</sup> | <b>\$50</b> retail allowance      | Not covered    | <b>\$50</b> retail allowance      | Not covered    |
| Standard Lenses Per Pair:                   |                                   |                |                                   |                |
| Single Vision                               | Covered in full                   | Up to \$26     | Covered in full                   | Up to \$26     |
| Bifocal                                     | Covered in full                   | Up to \$39     | Covered in full                   | Up to \$39     |
| Trifocal                                    | Covered in full                   | Up to \$49     | Covered in full                   | Up to \$49     |
| Progressive                                 | Covered at lined trifocal level   | Up to \$49     | Covered at lined trifocal level   | Up to \$49     |
| Lenticular                                  | Covered in full                   | Up to \$78     | Covered in full                   | Up to \$78     |
| Contact Lenses <sup>2</sup>                 | <b>\$130</b> retail allowance     | Up to \$100    | <b>\$100</b> retail allowance     | Up to \$80     |
| Medically Necessary                         | Covered in full                   | Up to \$210    | Covered in full                   | Up to \$210    |
| Co-Payment                                  |                                   |                |                                   |                |
| Exam  | \$10                              | \$10           | \$20                              | \$20           |
| Materials <sup>3</sup>                      | \$25                              | \$25           | \$25                              | \$25           |
| Contact Lens Fitting Exam                   | \$30                              | \$30           | \$30                              | \$30           |
| Frequency: Exam/Lens/Frame                  | 12 months / 12 months / 24 months |                | 24 months / 24 months / 24 months |                |

### Rates

| Monthly Rates            | Tied to dental | Employer paid | Voluntary | Tied to dental | Employer paid | Voluntary |
|--------------------------|----------------|---------------|-----------|----------------|---------------|-----------|
| 2-Tier                   |                |               |           |                |               |           |
| Employee                 | \$5.59         | \$5.96        | \$6.79    | \$3.58         | \$3.81        | \$4.34    |
| Employee + Family        | \$15.09        | \$16.10       | \$18.33   | \$9.57         | \$10.21       | \$11.62   |
| 3-Tier                   |                |               |           |                |               |           |
| Employee                 | \$5.59         | \$5.96        | \$6.79    | \$3.58         | \$3.81        | \$4.34    |
| Employee + One Dependent | \$10.83        | \$11.55       | \$13.16   | \$6.93         | \$7.38        | \$8.40    |
| Employee + Family        | \$18.74        | \$19.98       | \$22.74   | \$11.85        | \$12.63       | \$14.38   |
| 4-Tier                   |                |               |           |                |               |           |
| Employee                 | \$5.59         | \$5.96        | \$6.79    | \$3.58         | \$3.81        | \$4.34    |
| Employee + Spouse        | \$11.19        | \$11.92       | \$13.57   | \$7.16         | \$7.63        | \$8.70    |
| Employee + Child(ren)    | \$12.67        | \$13.51       | \$15.39   | \$7.99         | \$8.52        | \$9.70    |
| Employee + Family        | \$19.59        | \$20.87       | \$23.78   | \$12.39        | \$13.22       | \$15.05   |

**SIGN UP IS EASY!**

Contact SDC's Account Services team at  
[accountservices@superiordental.com](mailto:accountservices@superiordental.com) | 800.762.3159 | [superiordental.com](http://superiordental.com)

<sup>1</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 wears toric, gas permeable or multi-focal lenses.

<sup>2</sup> Contact lenses are in lieu of eyeglass lenses and frames benefits.

<sup>3</sup> Materials co-pay applies to lenses and frames only, not contact lenses.

Administered by Superior Vision Services, Inc. Underwritten by National Guardian Life Insurance Company. Superior Dental Care, Inc. and Superior Vision Services are not affiliated companies. National Guardian Life Insurance Company is not affiliated with The Guardian Life Insurance Company of America, aka The Guardian or Guardian Life.