

# Superior Vision

Fully Funded Vision Plans Bundled With Dental



**SDC offers exclusive fully funded Superior Vision plans as part of a bundled benefits package with any SDC dental plan. These plans offer expanded coverage and discounts for your employees 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.**

## National Network

Superior Vision plans include a broad provider network of MDs, ODs, and popular optical retail chains like LensCrafters, Target Optical, Pearle Vision, Walmart Vision Center, Costco Optical, Sam's Optical and more. Members can also shop online with in-network retailers like Glasses.com, 1-800 Contacts and ContactsDirect. Benefit allowances are consistent across all in-network providers, ensuring members get the same benefits no matter where they go. Plus, members have the flexibility to choose different providers for exams and materials.

## Superior Value

All Superior Vision plans include several value-added benefits for your enrolled employees.

- Separate stand-alone contact lens fitting benefit
- Discounts including 20% off lens upgrades and 30% off additional pairs of glasses at participating providers
- Discounts on laser vision correction through a national LASIK network, featuring QualSight

## Superior Vision Plans

Effective 1/1/25

Your group must be enrolled in an active SDC dental plan to be eligible for the Superior Vision plans and rates below. Select one plan for the group. This worksheet is not intended for individual member choice.

	Superior Vision Plan #SV130			Superior Vision Plan #SV100			Superior Vision Plan #SV150		
	In Network	Out-of-Network		In Network	Out-of-Network		In Network	Out-of-Network	
<b>Coverage</b>	<b>Exam Ophthalmologist (MD)</b>	Covered In Full	Up to \$34	Covered In Full	Up to \$34		Covered In Full	Up to \$34	
	<b>Exam Optometrist (OD)</b>	Covered In Full	Up to \$26	Covered In Full	Up to \$26		Covered In Full	Up to \$26	
	<b>Frames</b>	\$130 Retail Allowance	Up to \$60	\$100 Retail Allowance	Up to \$46		\$150 Retail Allowance	Up to \$70	
	<b>Standard Contact Lens Fitting<sup>1</sup></b>	Covered In Full	Not Covered	Covered In Full	Not Covered		Covered In Full	Not Covered	
	<b>Specialty Contact Lens Fitting<sup>1</sup></b>	\$50 Retail Allowance	Not Covered	\$50 Retail Allowance	Not Covered		\$50 Retail Allowance	Not Covered	
	<b>Standard Lenses Per Pair:</b>								
	Single Vision	Covered In Full	Up to \$28	Covered In Full	Up to \$28		Covered In Full	Up to \$28	
	Bifocal	Covered In Full	Up to \$41	Covered In Full	Up to \$41		Covered In Full	Up to \$41	
	Trifocal	Covered In Full	Up to \$53	Covered In Full	Up to \$53		Covered In Full	Up to \$53	
	Progressive	Covered at Lined Trifocal Level	Up to \$53	Covered at Lined Trifocal Level	Up to \$53		Covered at Lined Trifocal Level	Up to \$53	
	Lenticular	Covered In Full	Up to \$84	Covered In Full	Up to \$84		Covered In Full	Up to \$84	
	Polycarbonate for Dependant Children	Not Covered	Not Covered	Not Covered	Not Covered		Covered In Full	Not Covered	
	<b>Contact Lenses<sup>2</sup></b>	\$130 Retail Allowance	Up to \$100	\$160 Retail Allowance	Up to \$80		\$150 Retail Allowance	Up to \$100	
	<b>Medically Necessary</b>	Covered In Full	Up to \$210	Covered In Full	Up to \$210		Covered In Full	Up to \$210	
<b>Frequency: Exam/Lens/Frame</b>	12 Months/12 Months/24 Months			24 Months/24 Months/24 Months			12 Months/24 Months/12 Months		
<b>Co-pays</b>	<b>Exam</b>	\$10	\$10	\$20	\$20		\$10	\$10	
	<b>Materials<sup>3</sup></b>	\$25	\$25	\$25	\$25		\$15	\$15	
	<b>Contact Lens Fitting Exam</b>	\$30	\$30	\$30	\$30		\$0	\$0	
<b>2-Tier</b>	<b>Tied to Dental</b>	<b>Employer Paid</b>	<b>Voluntary</b>	<b>Tied to Dental</b>	<b>Employer Paid</b>	<b>Voluntary</b>	<b>Tied to Dental</b>	<b>Employer Paid</b>	<b>Voluntary</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Employee</b>	\$4.20	\$4.70	\$5.69	\$2.67	\$2.94	\$3.62	\$5.34	\$5.83	\$7.23
<b>Employee + Family</b>	\$11.33	\$12.67	\$15.35	\$7.20	\$7.94	\$9.76	\$14.40	\$15.72	\$19.50
<b>3-Tier</b>	<b>Tied to Dental</b>	<b>Employer Paid</b>	<b>Voluntary</b>	<b>Tied to Dental</b>	<b>Employer Paid</b>	<b>Voluntary</b>	<b>Tied to Dental</b>	<b>Employer Paid</b>	<b>Voluntary</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Employee</b>	\$4.20	\$4.70	\$5.69	\$2.67	\$2.94	\$3.62	\$5.34	\$5.83	\$7.23
<b>Employee + One Dependant</b>	\$8.14	\$9.11	\$11.03	\$5.18	\$5.70	\$7.02	\$10.35	\$11.30	\$14.01
<b>Employee + Family</b>	\$14.06	\$15.72	\$19.05	\$8.94	\$9.85	\$12.12	\$17.87	\$19.51	\$24.20
<b>4-Tier</b>	<b>Tied to Dental</b>	<b>Employer Paid</b>	<b>Voluntary</b>	<b>Tied to Dental</b>	<b>Employer Paid</b>	<b>Voluntary</b>	<b>Tied to Dental</b>	<b>Employer Paid</b>	<b>Voluntary</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Employee</b>	\$4.20	\$4.70	\$5.69	\$2.67	\$2.94	\$3.62	\$5.34	\$5.83	\$7.23
<b>Employee + Spouse</b>	\$8.40	\$9.40	\$11.38	\$5.35	\$5.89	\$7.24	\$10.68	\$11.65	\$14.46
<b>Employee + Child(ren)</b>	\$9.51	\$10.64	\$12.88	\$6.05	\$6.66	\$8.19	\$12.08	\$13.18	\$16.37
<b>Family</b>	\$14.70	\$16.43	\$19.92	\$9.35	\$10.29	\$12.67	\$18.66	\$20.37	\$25.31

1. 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.

2. Contact lenses are in lieu of eyeglass lenses and frames benefits.

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

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## 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.
- Rates are guaranteed for 1 year.
- These plans and rates are valid for groups Sitused in Ohio, Indiana and Kentucky.
- These plans and rates are valid for groups with effective dates through 1/1/2029.
- Groups must select one plan—dual option is not available.
- These plans and rates are valid for single employer groups only.
- These plans and rates are valid for groups with 2 to 500 enrolled employees.
- Not available to groups currently with Superior Vision.

## Eligibility Requirements

- Your group must be enrolled in an active SDC dental plan before electing a Superior Vision plan.
- Minimum 2 enrolled employees up to 500 enrolled employees.
- Employer-paid: Minimum 75% employer contribution for employee coverage.
- Voluntary: Employer contributions of 0-74% employee coverage unless enrollment mirrors dental, then rates match Tied to Dental.
- Tied to Dental: Vision and dental enrollment are the same.

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.

<b>Group Official Rate Acceptance</b>	
<b>Please initial next to the benefits that have been selected by the group, and fill out the following information below.</b>	
Group Name	Group Number
Group Official Title	
Group Official Signature	Date