

20. How much do I pay if I select a frame over the frame allowance?

You pay the difference between your \$100 in-network allowance and the regular retail price of the frame you have selected.

21. Does the benefit cover tinted eyeglass lenses?

The benefit covers the cost of the basic lenses which includes Rose Tint #1 and #2. For the darker sunglass tint colors, you will need to pay an additional charge over the standard lens.

22. If I don't use all of my frame allowance, can I use the difference towards the additional costs of the lenses?

No, the plan does not provide for this.

Section D: MATERIALS DISCOUNTS

23. What discounts am I entitled to under the Superior Vision Services discount feature?

Your schedule of discounts is printed in the Materials Discount section.

24. How often can I use my discounts?

There are no limits as to the number of times you can use the discounts. The discounts are limited to your personal use and that of your covered family members.

25. During what period of time are the discounts valid?

You can use the discounts during the contract period of your insured benefit.

26. Do I need to show my I.D. card to the provider to use the discounts?

Yes, to use the discounts you and your dependents must show your I.D. card to the in-network provider to verify your eligibility.

27. Does the discount feature cover non-prescription sunglasses?

Yes, discounts are available for non-prescription sunglasses except when discounts are prohibited by the manufacturer.

28. Are there any limitations on the frame selection when using the discounts?

You can receive a discount on any frame in the providers inventory unless discounts are prohibited by the manufacturer.

29. Can I also apply "discount coupons" to the discount I receive from the discount feature?

No, the discount feature cannot be used with any other discounts.

30. Do the discounts apply to my covered eyeglass lenses?

Yes, there is a 20% discount that applies to the purchase of upgrades to your covered eyeglass lenses. This can include add-on items, such as: Transitions, Polaroid, Polycarbonate, High Index, Coatings, etc.

31. Is there a discount on the difference between my frame allowance and the price of the frame I have selected?

Yes, there is a 20% discount on the difference between the retail price of the frame you have selected and your frame allowance.

32. Do all Superior Vision providers offer discounts?

No, discounts are available only from participating providers who are identified with a DP in their provider listings as a service provided at their location.

The Superior Vision Plan offers a complete complement of vision care providers representing the three "O's"; ophthalmologists, optometrists and opticians.

Ophthalmologists

An ophthalmologist is a physician (doctor of medicine or doctor of osteopathy) who specializes in the comprehensive care of the eyes and visual system in the prevention of eye disease and injury. The ophthalmologist is a physician who is qualified by lengthy medical education, training and experience to diagnose, treat and manage all eye and visual system problems, and is licensed by a state regulatory board to practice medicine and surgery. The ophthalmologist is the medically trained specialist who can deliver total eye care: primary, secondary and tertiary care services (i.e., vision services, contact lenses, eye examinations, medical eye care and surgical care) and diagnose general diseases of the body.

Optometrists

Doctors of optometry (optometrists) are independent primary health care providers who specialize in the examination, diagnosis, treatment and management of diseases and disorders of the visual system, the eye associated structures, as well as the diagnosis of related systemic conditions. Doctors of optometry are specifically trained and state licensed to provide primary eye care services. These services include comprehensive eye health and vision examinations, the prescribing of glasses, contact lenses, low vision rehabilitation, vision therapy, and other vision needs as related to occupations, avocations and lifestyles.

Opticians

Opticians are professionals in the field of designing, finishing, fitting and dispensing of eyeglasses and contact lenses, based on an eye doctor's prescription. The optician may also dispense colored and specialty lenses for particular needs as well as low-vision aids and artificial eyes.



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Outline of Benefits

Vision Plan-Preferred Provider (PPO)/Indemnity

Copayment: \$15.00 Materials
\$25.00 Contact Lens Fitting Exam Fee

In-network copayments are paid directly to the provider. Out-of-network copayments will be deducted from the out-of-network reimbursement. Materials copayment applies to lenses and/or frames, not contact lenses.

Gold Preferred Plan Services/Frequency

Comprehensive Exam	12 Months
Lenses	12 Months
Frames	24 Months
Contact Lenses	12 Months

Benefits	In-Network	Out-of-Network
Comprehensive Exam Ophthalmologist (MD)	Covered in Full	Up to \$34.00
Comprehensive Exam Optometrist (OD)	Covered in Full	Up to \$26.00
Standard Lenses (Per Pair):		
Single Vision	Covered in Full	Up to \$35.00
Bifocal	Covered in Full	Up to \$50.00
Trifocal	Covered in Full	Up to \$60.00
Lenticular	Covered in Full	Up to \$95.00
Contact Lenses (Per Pair):*		
Medically Necessary Elective**	Covered in Full	Up to \$210.00
Standard Contact Lens Fitting Exam Fee***	Covered in Full	Not Covered
Specialty Contact Lens Fitting Exam Fee***	Up to \$50.00	Not Covered
Frames-Standard**	Up to \$100.00	Up to \$50.00

* Contact lenses are in lieu of eyeglass lenses and frames benefit.

** The insured is responsible for paying any charges in excess of this allowance.

***Standard contact lens fitting fee applies to an existing contact lens user who wears disposable, daily wear, or extended wear lenses only. The specialty contact lens fitting fee applies to new contact lens wearers and/or a member who wears toric, gas permeable, or multifocal lenses. For the specialty fit, the member is responsible for any charges over \$50.

Discounts on Additional Purchases

- ◆ Prescription eyeglass lenses 30% off retail prices
- ◆ Add-on charges to basic lenses 20% off retail prices
- ◆ Contact lenses, standard hard or soft 20% off retail prices
- ◆ All other prescription materials 20% off retail prices

- ◆ Eyeframes 30% off retail prices
- ◆ Everyday "frame and lens package pricing" 20% off retail prices
- ◆ Disposable contact lenses 10% off retail prices

Discount SVP8-20

- ◆ Frames 20% off the difference between the covered frame allowance and the retail price of the selected frame.

Note: Discounts do not apply when prohibited by the manufacturer.

Add-on charges to the covered pair of lenses

- ◆ Factory Scratch Coat
- ◆ Ultraviolet Coat
- ◆ Standard Anti-Reflective Coat*
- ◆ High Index 1.6*
- ◆ Polycarbonate
- ◆ Standard Photochromic
- ◆ Glass coloring
- ◆ Plastic Tints solid or gradient

Member pays 20% off retail, up to:

- \$13 (Single Vision & Standard Lined Multifocal Lenses)
- \$15 (Single Vision & Standard Lined Multifocal Lenses)
- \$50 (Single Vision & Standard Lined Multifocal Lenses)
- \$55 (Single Vision Lenses Only)
- \$40 (Single Vision Lenses Only)
- \$80 (Single Vision Lenses Only)
- \$35 (Any Type Lenses)
- \$25 (Any Type Lenses)

Member pays:

- 20% discount off retail prices (Any Type Lenses)
- 20% discount off retail prices (Any Type Lenses)
- 20% discount off retail prices (Any Type Lenses)

* Higher end or brand name lens upgrades are at an additional expense to the member. Apply maximum out of pocket expense toward upgraded lens retail cost and the member is responsible for the difference less 20%.

How to Use the Plan

Procedure when using a Superior Vision Plan in-network provider:

1. Identify yourself to the in-network provider as a member of the Superior Vision Plan. You can use your I.D. card for this purpose or simply give the provider your name, employer name, and your unique identification number. The provider will call the Superior Vision Customer Service Department to verify your eligibility and obtain an authorization number. The I.D. card provided to you can be used for all covered family members.
2. After eligibility is established and an authorization number is received by the provider, services will be rendered. There is nothing else that you need to do except pay the provider directly for any appropriate copayments or charges above the covered benefits. The in-network provider handles all claims and paperwork.

Procedure when using an out-of-network provider:

1. To receive services from an out-of-network provider, it is important that you first call the Superior Vision Customer Service Department at 800-507-3800 to receive your own authorization number. By doing so, you may be assured of your eligibility and reimbursement for money spent.
2. After receiving services and paying in-full for the examination and/or materials (you do not pay a copayment to the out-of-network provider), submit your original itemized billing or receipt received from the provider, along with your authorization number, to the Superior Vision Claims Administration office.
3. You will be reimbursed according to the schedule of allowances for out-of-network services, less any required copayments.

Refractive Surgery Discounts

Superior Vision Services has contracted a network of over 800 refractive surgeons nationwide who specialize in the popular elective procedures of radial keratotomy (RK), photo-refractive keratotomy (PRK) and LASIK. These providers offer Superior Vision Plan members a 20% discount off their usual and customary surgical fees for these procedures. Ophthalmic plastic surgeons are also contracted to provide the procedure of blepharoplasty (cosmetic eyelid surgery) to Superior Vision Plan members on the same discount basis.



Exclusions

1. Professional Services and/or Materials in conjunction with:
 - a) compensated or special multi-focal lenses
 - b) plain (non-prescription) lenses
 - c) anti-reflective, scratch, UV400, or any coating or lamination applied to lenses.
 - d) subnormal vision aids
 - e) tints other than solid
 - f) orthoptics, vision training and developmental vision procedures
 - g) polycarbonate lenses
2. Medical or surgical treatment of the eyes
3. Any eye examination or any corrective eyewear required by an Employer as a condition of employment
4. Any injury or illness when covered under Workers' Compensation or similar law
5. Plain or prescription sunglasses, no-line bifocals, blended lenses or oversize lenses. Although no-line bifocals and blended lenses are not covered, an Insured may elect to apply the maximum allowance for standard lenses toward his or her cost of progressive lenses.
6. Subnormal vision aids
7. Services rendered or Materials purchased outside the U.S. or Canada, unless:
 - a) the Member resides in the U.S. or Canada; and
 - b) the charges are incurred while on a business or pleasure trip
8. Charges in excess of the Usual, Customary and Reasonable charge for the Professional Service or Materials
9. Experimental or non-conventional treatment or device
10. Safety eyewear
11. Spectacle lens styles, materials, treatments of "add-ons" not shown in the Benefits Summary
12. Services or Materials rendered by a provider other than an Ophthalmologist, Optometrist or Optician acting within the scope of his or her license
13. Any additional service required outside basic vision analysis for contact lenses, except fitting fees.
14. Services rendered after the date an Insured ceases to be covered under this Certificate, except when vision Materials ordered before coverage ended are delivered and the services rendered to the Insured within 31 days from the date of such order.
15. Services rendered or Materials ordered before the date of coverage began under this Certificate
16. Regardless of Optical Necessity, benefits are not available more frequently than that which is specified in the Benefits Summary

Contact Lenses, Elective/Cosmetic. Elective/Cosmetic contact lenses are those that are worn solely for cosmetic or convenience reasons. They are chosen because they are preferred over the wearing of conventional eyeglasses. Contact lenses covered by the Plan must contain a prescription for correcting a vision deficiency. All charges over and above your allowance are paid directly to the provider. See your Outline of Benefits for your contact lens benefit allowance.

Contact Lenses, Medically Necessary. These lenses must be specifically prescribed by the eye doctor to be used for the reason or reasons described below. Reimbursement for these lenses will be considered as payment-in-full when utilizing an in-network provider.

- ◆ Aphakia (after cataract surgery without implant lens).-A pair of prescription single vision or multifocal eye glass lenses and an eyeframe can be provided along with contact lenses prescribed for this reason.
- ◆ When visual acuity cannot be corrected to 20/70 in the better eye except through the use of contact lenses (must be 20/60 or better).
- ◆ Anisometropia of 4.0 diopters or more, provided visual acuity improves to 20/60 or better in the weak eye.
- ◆ Keratoconus.

Note: The narrowing of visual fields due to high minus or high plus corrections is not considered a reason for medically necessary contact lenses.

Contact Lens Exam/Fitting Fee: Most providers charge a fee for the fitting of contact lenses. This fee is separate from the comprehensive eye examination and will vary depending on the provider's fee structure policies. It will also vary due to circumstances or complexities involving the physiological condition of the eyes, the lens prescription, and the type of lenses used.

A National Network to Serve Your Vision Needs

Superior Vision Services manages one of the largest and most diverse vision networks in the U.S. There are over 40,000 ophthalmologists, optometrists, independent opticians plus national and regional optometric chain locations.

How to Reach Us

Superior Vision Customer Service	800-507-3800
TDD (Hearing impaired)	916-852-2382
Superior Vision Customer Service/Claims Administration	PO Box 967 Rancho Cordova, CA 95741

Visit Our Website for Benefits and Provider Listings

Visit the Superior Vision web site at www.superiorvision.com. Information you will find on the Superior Vision website includes your plan design, dependent coverage and current provider listings. You can even print out a map to the provider's location.

Section A: PROVIDERS

1. How do I know which services are offered by the different providers?

The Superior Vision Plan provider directory has a "key" printed under the provider's name and address. From this you can see the services provided at the location.

EX=Eye Examination
 GL=Eyeglasses
 CL=Contact Lenses
 CLF=Contact Lens Fitting Fee
 DP=Discount Benefit Available
 DP8-20=SVP8-20 Discount Benefit Available
 RF=Refractive/LASIK Surgery Discount Available
 ** =Service Not Available

2. What do I do if there are no in-network providers close to me?

There are two options for your convenience. One, select an out-of-network provider and use your out-of-network benefits. Two, nominate a provider in your area to the Superior Vision Plan Provider Panel (see next question).

3. What can I do if my present provider is not on the provider panel?

Call 800-923-6766 and give the Provider Relations Department representative the name, address and telephone number of the provider you would like to see in the network, or you can FAX this information to 916-852-2290. Your nominated provider will be placed into consideration for panel membership.

4. Is it necessary that I give Superior Vision Services the name of the provider that I have selected to receive my vision care services?

No, unlike some benefit plans, it is not necessary to pre-select your provider or to give Superior Vision the name of your provider prior to receiving services. You need only to select your provider, make your appointment, and identify yourself to the provider as a Superior Vision Plan member.

5. Under what situations do I pay anything directly to the in-network provider?

You pay the provider directly for the following:

- ◆ \$15 co-pay for your materials & a \$25 co-pay for your contact lens fitting exam fee.
- ◆ Any charges over and above your \$120 contact lens allowance or \$100 frame allowance or \$50 specialty contact lens fitting exam fee.
- ◆ Any additional charges for products or services that are not fully covered under your plan. See the Exclusions section on this brochure.

6. Can I get my eye examination at one location and the materials at another?

Yes, you can, however, each provider will need to make a call to Superior Vision Customer Service to verify your eligibility.

Section B: HOW TO USE THE PLAN FOR YOUR INSURED BENEFITS

7. How often can I use my insured plan benefits?

Your eye exam and lenses benefit are available once each 12 months. Your frame benefit is available once each 24 months. The contact lens benefit can be used more than once up to \$120 for each 12 month benefit period.

8. Do I need to show my I.D. card to the provider to receive my insured benefits?

The I.D. card is to assist the provider in identifying you and the plan under which you are covered. It is recommended that you show the provider your I.D. card, however, you can receive services without the I.D. card. Simply identify yourself as a Superior Vision Plan member with proper personal identification, personal identification number, and the name of your employer. You will need to show your I.D. card, however, to use the discount benefit.

9. Do my covered dependents need to have I.D. cards?

No, to use the Superior Vision Plan benefits it is not necessary for dependents to have personal I.D. cards. They can use the member's I.D. card.

10. Can my covered dependents use my personal identification number to receive insured benefits?

Each person receiving benefits should have their own personal identification number to give the provider. However, services can be provided with the plan member's number if the dependents number is not available.

11. Do I need to obtain an authorization form or voucher prior to receiving services?

There are no vouchers or pre-authorization forms to obtain prior to receiving services. See question #14 for out-of-network procedures.

12. Do I need to call Superior Vision to tell them that I want to use my vision benefit?

When using an in-network provider, it is not necessary to notify Superior Vision prior to receiving services. See question #14 for out-of-network procedures.

13. Do I need to take any forms with me to the provider?

There are no forms to give to the provider.

14. How do I get my benefit when using an out-of-network provider?

First, call Superior Vision Customer Service at 800-507-3800 and get an authorization/eligibility number.

Second, see your provider and pay for your examination and/or materials. You do not pay the out-of-network provider a co-pay.

Third, place in an envelope your original itemized billing or receipt, describing all of the services and materials that were provided to you, along with your name and address and the authorization/eligibility number you received from Customer Service. Mail to Superior Vision Services, Inc., P.O. Box 967, Rancho Cordova, CA 95741.

15. Does the Superior Vision Plan have a Web Site on the Internet?

Yes, you will find the Superior Vision Plan Web Site at www.superiorvision.com. Information you will find on the Web Site includes your plan design information, dependent coverage and current provider location listings with mapping access.

Section C: FRAME & LENS INSURED BENEFIT

16. What does "covered in full" mean in regards to my prescription lens benefit?

The vision plan is designed to cover "basic" lenses and eyeframes. Add-on charges for speciality lenses and lens applications are not covered. These extra charges are paid directly to the provider by the member. Items requiring additional charges are listed under the Exclusions section.

17. Are progressive power lenses a fully covered benefit?

Progressive power lenses are covered up to the retail value of the provider's standard trifocal lenses. You pay the provider the difference between the provider's retail price for standard trifocal lenses and the retail price for the style of progressive lenses you have selected.

18. Is there a co-pay that applies to my vision benefit?

Yes, you have a \$15 co-pay for your materials & a \$25 co-pay for your contact lens fitting exam fee. The materials co-pay applies to lenses and/or frames, not contact lenses.

19. What kind of frame can I select for my insured benefit?

You can select any frame in the in-network provider's frame inventory up to \$100 without any additional out-of-pocket cost.