

Vision plan benefits for YMCA of the Fox Cities

Deductibles		Premiums			Services/frequency	
Exam	\$0		Bi-Weekly	Monthly	Exam	12 months
Materials ¹	\$0	Emp. only	\$ 5.04	\$10.92	Frame	24 months
		Emp. + spouse	\$ 8.57	\$18.56	Lenses	12 months
		Emp. + child(ren)	\$ 9.07	\$19.66	Contact lenses	12 months
		Emp. + family	\$13.61	\$29.48		

Benefits through Superior Select Midwest

(Based on date of service)

is infough Superior Select Mildwest		
	In-network	Out-of-network
Exam	Covered in full	Up to \$35 retail
Frames	\$125 retail allowance	Up to \$70 retail
Lenses (standard) per pair		
Single vision	Covered in full	Up to \$25 retail
Bifocal	Covered in full	Up to \$40 retail
Trifocal	Covered in full	Up to \$45 retail
Progressive	See description ¹	Up to \$45 retail
Lenticular	Covered in full	Up to \$80 retail
Contact lenses ²	\$150 retail allowance	Up to \$125 retail
Medically necessary contact lenses	Covered in full	Up to \$150 retail
LASIK vision correction ³ ctibles apply to in-network benefits only	\$200 allowance	

¹Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable deductible

² Contact lenses and related professional services (fitting, evaluation and follow-up) are covered in lieu of eyeglass lenses and frames benefit

³ Lasik Vision Correction is in lieu of eyewear benefit, subject to routine regulatory filings and certain exclusions and limitations

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
Specialty contact lens fit:	10% off retail, then apply allowance

Maximum member out-of-pocket

The following options have out-of-pocket maximums⁴ on standard (not premium, brand, or progressive) lenses.

	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

⁴ Discounts and maximums may vary by lens type. Please check with your provider.

The Plan discount features are not insurance.

superiorvision.com

(800) 507-3800

Discounts on non-covered exam, services and materials

Exams, frames, and prescription lens	es:	30% off retail
Lens options, contacts, miscellaneou	s options:	20% off retail
Disposable contact lenses:	-	10% off retail
Retinal imaging:	\$39 maximum	out-of-pocket

Refractive surgery

Superior Vision has a nationwide network of independent refractive surgeons and partnerships with leading LASIK networks who offer members a discount. These discounts range from 10%-50%, and are the best possible discounts available to Superior Vision.

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 Insurance Plan of Wisconsin P.O. Box 967 Rancho Cordova, CA 95741 (800) 507-3800 superiorvision.com Underwritten by: Superior Vision Insurance Plan of Wisconsin, Inc., a Wisconsin Limited Service Health Organization (LSHO)