

	Vision Care Services	In-Network Member Costs	Out-of-Network Allowances
This plan utilizes the Insight Network.	Exam With Dilation as Necessary	\$10 Copay	\$35
	Retinal Imaging	Up to \$39	N/A
	Frames	\$150 allowance; 20% off balance over \$150	\$75
FREQUENCY:	Standard Plastic Lenses		
Exams: Once every Calendar Year	Single Vision	\$25 Copay	\$25
	Bifocal	\$25 Copay	\$40
	Trifocal	\$25 Copay	\$55
Contact Lenses or Lenses: Once every Calendar Year	Lenticular	\$25 Copay	\$55
Frames: Once every two (2) Calendar Years	Lens Options		
	Standard polycarbonate	Adults: \$40 Dependents under 19: \$0	\$25
	UV Coating	\$15	N/A
	Tint (Solid and Gradient)	\$15	N/A
	Standard Scratch-Resistance	\$15	N/A
	Standard Anti-Reflective Coating	\$45	N/A
	Standard Progressive (includes copay amount)	\$90	\$40
	Premium Progressive (includes copay amount)	Tier 1 - \$110 Tier 2 - \$120 Tier 3 - \$135 Tier 4 - \$90, 20% retail less \$120	\$40
ADDITIONAL DISCOUNTS:	Other Add-Ons and Services	20% off retail price	N/A
40% off - Additional pair of eyeglasses or sunglasses (both frames & lenses)	Contact Lens Fit & Follow-Up (Contact lens fit and two (2) follow-up visits are available once a comprehensive eye exam has been completed.)		
20% off - Non covered items such as cleaning cloths and solution	Standard - spherical clear contact lenses in conventional wear and planned replacement (Examples include but not limited to disposable, frequent	\$40 Copay	\$0
15% off - Retail price of LASIK Vision Correction	Premium - all lens designs, materials and specialty fittings other than Standard Contact Lenses (Examples include toric, multifocal, etc.)	10% off retail	\$0
40% off - Hearing Discount: hearing exams and a low price guarantee on discounted hearing aids	Contacts Lenses (Contact lens allowance includes materials only)		
	Conventional	\$150 allowance, 15% off balance over \$150	\$90
	Disposable	\$150 allowance	\$90
	Medically Necessary	\$0	\$200

SEE SECTION ON PLAN LIMITATIONS/EXCLUSIONS ON THE NEXT PAGE

This is a Summary of Benefits only, and various limitations and exceptions may apply. Your actual coverage is described in the Agreement which is binding on all of the parties and supersedes all other written or oral communications.

WHO IS SURENCY VISION?

Surency Vision offers flexible, straightforward plans with multiple features to meet your employees' needs. Plans include comprehensive eye exams and convenient access to vision care 7 days a week as well as multiple allowances, copay, and frequency options for exams, lenses, and frame. Members also receive savings on eye care and eyewear year-round.



RETAIL AND ONLINE VISION OPTIONS

Surency Vision offers several in-network online shopping options to go with the thousands of in-network store locations. Retail options include Target Optical, Lenscrafters and Pearl Vision. Our online options include ContactDirect.com, Glasses.com, Rayban.com/insurance and more!

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SURENCY VISION MOBILE APP

Download the free Surency Vision Mobile App today to take control of your vision benefits. With the app, you can:

- Find a doctor
- Check eligibility
- Check claim status
- Order replacement contact lenses
- And more!



PLAN LIMITATIONS/EXCLUSIONS:

- A child is eligible for coverage under the Plan if the child is under the age of twenty-six (26).
- Allowances are one-time use benefits; no remaining balance.
- If eyeglass lenses are elected, contact lens allowance may not be available; coverage specific to vision benefit plan.
- Orthoptic or vision training, subnormal vision aids and any associated supplemental testing.
- Medical and/or surgical treatment of the eye, eyes or supporting structures.
- Services provided as a result of any Worker's Compensation law.
- Benefit is not available on certain frame brands in which the manufacturer imposes a no discount policy.
- Corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under plan.
- Plano lenses and non-prescription sunglasses (except for twenty percent (20%) discount).
- Services or materials provided by major medical coverage under any other group benefit providing for vision care.
- Two (2) pair of glasses in lieu of bifocals.
- Aniseikonic lenses.
- Discounts do not apply for benefits provided by other group benefit plans.
- Lost or broken materials are not covered.