



Summary of Benefits
 USD #437 – Auburn Washburn
 Group #06402-0-1-0
 EFFECTIVE FOR JANUARY 1, 2023

	Vision Care Services	In-Network Member Costs	Out-of-Network Allowances
This plan utilizes the Insight Network.	Exam With Dilation as Necessary	\$10 Copay	Up to \$35 Reimbursement
	Retinal Imaging	\$39	Not Covered
FREQUENCY:	Frames	\$130 Allowance, 20% off balance	Up to \$65 Reimbursement
Exams: Once every Calendar Year Frames: Once every Calendar Year Lenses or Contact Lenses: Once every Calendar Year	Standard Plastic Lenses		
	Single Vision	\$25 Copay	Up to \$25 Reimbursement
	Bifocal	\$25 Copay	Up to \$40 Reimbursement
	Trifocal	\$25 Copay	Up to \$55 Reimbursement
	Lenticular	\$25 Copay	Up to \$55 Reimbursement
	Lens Options		
	Standard polycarbonate	Adults: \$40 Dependents under 19: \$0	Up to \$25 Reimbursement Up to \$25 Reimbursement
	UV Coating	\$15	Not Covered
	Tint (Solid and Gradient)	\$15	Not Covered
	Standard Scratch-Resistance	\$15	Not Covered
ADDITIONAL DISCOUNTS:	Standard Anti-Reflective Coating	\$45	Not Covered
	Standard Progressive (includes Copay amount)	\$90 Copay	Up to \$40 Reimbursement
	Premium Progressive (includes Copay amount)	Tier 1 – \$110 Copay Tier 2 – \$120 Copay Tier 3 – \$135 Copay Tier 4 – \$90 Copay, \$120 Allowance, and 20% off balance	Up to \$40 Reimbursement
	Contact Lens Fit & Follow-Up (Contact lens fit and 2 follow-up visits are available once a comprehensive eye exam has been completed.)		
40% off - Additional pair of eyeglasses or sunglasses (both frames & lenses)	Standard – spherical clear contact lenses in conventional wear and planned replacement (Examples include but not limited to disposable, frequent	\$40 Copay, Paid-in-full fit and two follow-up visits	Not Covered
	Premium – all lens designs, materials and specialty fittings other than Standard Contact Lenses (Examples include toric, multifocal, etc.)	10% off balance	Not Covered
20% off – Non covered items such as cleaning cloths and solution	Contacts Lenses (Contact lens allowance includes materials only)		
	Conventional	\$130 Allowance, 15% off balance over Allowance	Up to \$100 Reimbursement
	Disposable	\$130 Allowance	Up to \$100 Reimbursement
15% off – Retail price of LASIK Vision Correction	Medically Necessary	\$0 Copay	Up to \$200 Reimbursement
	40% off – Remaining balance beyond plan coverage.		
40% off – Hearing Discount: hearing exams and a low price guarantee on discounted hearing aids			

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.



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.