

Superior Vision Rates

The Cypress partnership with Superior Vision gives members access to a large provider network of ophthalmologists, optometrists, and most regional and national optical retail chain locations to receive eye exams and prescription materials. Flexible plan designs and value added discounts enable employees to manage their eye and vision wellness, and easy access lets employees manage their out-of-pocket expenses.

Plan Name	Voluntary/Employer Sponsored	Co-pays	Frequencies	Frame or Contact Lense Allowance	EE	ES	EC	EF
Low**	Employer Sponsored	\$20/\$20/\$30	12:24:24	\$100.00	\$3.55	\$7.09	\$7.95	\$12.31
Mid-Low	Employer Sponsored	\$10/\$25/\$30	12:12:24	\$130.00	\$4.94	\$9.87	\$11.60	\$17.78
Mid-Low+	Employer Sponsored	\$10/\$25/\$30	12:12:12	\$130.00	\$5.35	\$10.70	\$12.51	\$19.19
Mid-High	Employer Sponsored	\$10/\$25/\$30	12:12:24	\$150.00	\$5.34	\$10.68	\$12.57	\$19.26
Mid-High+	Employer Sponsored	\$10/\$25/\$30	12:12:12	\$150.00	\$5.82	\$11.64	\$13.61	\$20.89
High	Employer Sponsored	\$10/\$10/\$30	12:12:12	\$150.00	\$6.34	\$12.68	\$14.74	\$22.64
DV3 High	Employer Sponsored	\$10/\$25/\$25	12:12:24	\$200.00	\$6.60	\$13.19	\$15.55	\$23.82
Low**	Voluntary	\$20/\$20/\$30	12:12:24	\$100.00	\$4.30	\$8.59	\$9.63	\$14.92
Mid-Low	Voluntary	\$10/\$25/\$30	12:12:24	\$130.00	\$5.98	\$11.96	\$14.06	\$21.54
Mid-Low+	Voluntary	\$10/\$25/\$30	12:12:12	\$130.00	\$6.48	\$12.96	\$15.15	\$23.25
Mid-High	Voluntary	\$10/\$25/\$30	12:12:24	\$150.00	\$6.47	\$12.95	\$15.23	\$23.34
Mid-High+	Voluntary	\$10/\$25/\$30	12:12:12	\$150.00	\$7.05	\$14.10	\$16.50	\$25.31
High	Voluntary	\$10/\$10/\$30	12:12:12	\$150.00	\$7.68	\$15.36	\$17.86	\$27.44
DV3 High	Voluntary	\$10/\$25/\$25	12:12:24	\$200.00	\$7.99	\$15.99	\$18.85	\$28.87

** Polycarbonate for children not covered.

All Plans Include/Assume the Following:

- 4 Year Rate Guarantee
- Valid for Groups with 10-250 Enrolled Employees
- Group is Situed in CA
- Are Available for Both Employer Paid (75% or more of EE only) or Voluntary Platforms

LIMITATIONS

The Plan discount features are not insurance. 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.

EXCLUSIONS

No benefits are payable for the any of the following conditions, procedures and/or materials: Replacement frames and/or lenses, except at normal intervals when covered services are otherwise available; Plano or non-prescription lenses or sunglasses; Orthoptics, vision training and any associated supplemental testing; Frame cases; Low (subnormal) vision aids or aniseikonic lenses; Medical and surgical treatment of the eyes; Charges incurred after (a) the Policy ends; or (b) the Insured's coverage under the Policy ends, except as stated in the Policy; Experimental or non-conventional treatment or device

Rates are in-force for plans with effective dates of January 1, 2018 or later. Employer sponsored plans require a minimum of ten (10) enrolled employees with a 75% employer contribution towards the employee-only cost and a minimum of 75% participation of all eligible employees or 100% of the dental enrollment. Voluntary requires minimum of 10 or 20% of eligible whichever is greater. The Cypress Vision Plan is administered by Superior Vision® and is underwritten by the National Guardian Life Insurance Company.

SUMMARY OF VISION BENEFITS

The Policy provides full coverage for Covered Services when you go to a Participating Provider of the Superior Vision network. If Covered Services are provided by a Non-Participating Provider, charges will be paid, but not to exceed the following Schedule of Allowances.

	Participating Provider	Non-Participating Provider
Exam Optometrist Exam Ophthalmologist	Covered Covered	Up to \$40.00 Up to \$30.00
Single Vision Lenses	Covered	Up to \$32.00
Bifocal Lenses	Covered	Up to \$42.00
Trifocal Lenses	Covered	Up to \$58.00
Polycarbonate Lenses	Covered	Not Covered
Contact Lens Fitting Standard ²	Covered	Not Covered
Contact Lens Fitting Specialty ²	\$50 Retail Allowance	Not Covered
Frame Retail Allowance ¹	Varies by Plan	Varies by Plan
Progressive Lens Upgrade ³	See Description	Up to \$58.00 Retail
Contact Lenses ⁴	Varies by Plan	Up to \$100.00 Retail* * Low Plan \$80

This table outlines member out-of-pocket costs and are not available for premium/upgraded options unless otherwise noted. Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements

- 1 Materials co-pay applies to lenses and frames only, not contact lenses.
- 2 See your benefits materials for definitions of standard and specialty contact lens fittings.
- 3 Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay. For the DV3 plan, standard progressives are covered in full. If premium lenses are selected, members receive an allowance based on the provider's charges for standard progressive lenses.
- 4 Contact lenses are in lieu of eyeglass lenses and frames benefit.
- 5 Discounts and maximums may vary by lens type. Please check with your provider.

This is a brief outline of the plan and is not to be accepted or construed as a substitute for the provisions of the contract.

The following options have out-of-pocket maximums⁵ on standard (not premium, brand, or progressive) lenses.

Maximum Member Out-of-Pocket

Scratch coat	\$15
Ultraviolet coat	\$12
Tints, solid	\$15
Tints, gradients	\$18
Progressives lenses	
Standard	\$55
Premium	\$110
Ultra	\$150
Ultimate	\$225
Anti-reflective coat	
Standard	\$50
Premium	\$70
Ultra	\$85
Ultimate	\$120
Polycarbonate	\$40
High index (1.67)	\$80
High index (1.74)	\$120
Photochromics	\$80
Blue Light	\$15

Discounts

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 Non-Covered Exam and Materials

Exams, frames, and prescription lenses: 30% off retail

Lens options, contacts, other prescription materials: 20% off retail

Disposable contact lenses: 10% off retail

Refractive Surgery: Superior Vision has a nationwide network of refractive surgeons and leading LASIK networks who offer members a discount. These discounts range from 15%-50%, and are the best possible discounts available to Superior Vision.

Underwritten By:



National Guardian Life Insurance Company.
National Guardian Life Insurance Company is not affiliated with The Guardian Life Insurance Company of America, AKA The Guardian or Guardian Life.