

SUMMARY OF BENEFITS



USD #229 – Blue Valley, Group #01698, Effective January 1, 2020

Plan Design #74 – Access A

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK ALLOWANCES	FREQUENCY
Vision Examination with Dilatation as Necessary Retinal Imaging	\$10 \$39	\$35 Not Covered	Once each Calendar Year
Contact Lens Fit & Follow-Up: (Contact lens fit and two (2) follow-up visits are available once a comprehensive eye exam has been completed.) Standard – spherical clear contact lenses in conventional wear and planned replacement (Examples include but not limited to disposable, frequent replacement, etc.) Premium – all lens designs, materials and specialty fittings other than Standard Contact Lenses (Examples include toric, multifocal, etc.)	\$0 \$55 Allowance	\$40 \$40	Once each Calendar Year
Frames: Any available frames at provider location	\$130 Allowance	\$65	Once every two Calendar Years
Standard Plastic Lenses: Single Vision Bifocal Trifocal Lenticular	\$25 Copay \$25 Copay \$25 Copay \$25 Copay	\$25 \$40 \$55 \$55	Once each Calendar Year
Lens Options: Standard polycarbonate	Adults: \$40 Dependents under 19: \$0	\$25 \$25	Once each Calendar Year
UV Coating Tint (Solid and Gradient) Standard Scratch-Resistance Standard Anti-Reflective Coating Standard Progressive (Includes Copay amount) Premium Progressive (Includes Copay amount)	\$15 \$15 \$15 \$45 \$90 \$90+ 80% of Retail less \$120	Not Covered Not Covered Not Covered Not Covered \$40 \$40	Once each Calendar Year
Other Add-ons and Services	20% off Retail Price	Not Covered	
Contact Lenses: (Contact lens allowance includes materials only) (Allowance not available if eyeglass lenses are elected)			
Conventional	\$130 Allowance, 15% off balance over \$130	\$100	Once each Calendar Year
Disposable	\$130 Allowance	\$100	
Medically Necessary	\$0	\$200	
Additional Pairs Benefit	40% discount off complete pair of eyeglass purchase and 15% off conventional contact lenses	N/A	N/A
Laser Vision Correction For Lasik providers call 1-877-5LASER6	15% off retail price or 5% off promotional price	N/A	N/A

Service frequencies are computed by Calendar Year, not date of service. SEE SECTION ON EXCLUSIONS AND LIMITATIONS FOR ADDITIONAL INFORMATION. This is a Summary of Benefits only, and various exceptions and limitations 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.



Get the convenience you need and the provider choices you want with your Surency Vision plan.

With access to over 99,000 providers nationwide using EyeMed's extensive provider network, finding an in-network provider is easy. Search for a provider by location, provider name, services and more. Locate a provider at Surency.com or use the Surency Vision Mobile App.

You have access to your benefit information through the Surency Vision Mobile App or your Member Account at Surency.com.

Questions? Call Surency Customer Service at 866-818-8805.

The biggest network and the most choice. Because more is more.

Surency Vision is underwritten by Surency Life & Health Insurance Company ("Surency").

Surency has been selected by your employer to provide your group vision coverage. We are pleased to bring these important benefits to you and any eligible dependents you have enrolled for coverage.

This Summary of Vision Plan Benefits describes the essential features of your group vision coverage. This Summary of Vision Plan Benefits is a summary of benefits only and does not bind Surency to any coverage. All benefits are paid according to the terms, conditions and provisions of your employer's Agreement with Surency, which is binding on all parties and supersedes all other written or oral communications.

Eligible Dependents and Full-Time Students who are children are covered until the end of the year in which they turn age twenty-six (26).

Additional Value Added Savings:

- Members may receive additional discounts not covered by the plan's in-network providers. Please check with your provider regarding any additional discounts. Discount does not apply to in-network providers' professional services or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. Retail prices may vary by location. Services or materials provided by any other group benefit plan providing vision care may not be covered.
- After initial purchase, replacement contact lenses may be obtained via online at substantial savings and mailed directly to the member. Details are available at Surency.com/Vision/Member-Perks. The contact lens benefit allowance is not applicable to this service.

Plan Limitations/Exclusions:

- Allowances are one-time use benefits; no remaining balance.
- 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 20% discount).
- Services or materials provided by major medical coverage under any other group benefit providing for vision care.
- Two 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.