



## ***How to Use the Plan***

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### ***Procedure when using a Superior Vision Plan in-network provider:***

1. Identify yourself to the in-network provider as a member of the Superior Vision Plan. You can use your I.D. card for this purpose or simply give the provider your name, employer name, and your social security number. The provider will call SVS Member Services to verify your eligibility and obtain an authorization number. The I.D. card provided to you can be used for all covered family members.
2. After eligibility is established, and an authorization number is received by the provider, services will be rendered. There is nothing else that you need to do except pay the provider directly for any appropriate copayments and charges above the covered benefits. The in-network provider handles all claims and paperwork.

### ***Procedure when using a non-network provider:***

1. To receive services from a non-network provider, it is important that you first call Superior Vision Services Member Service Department at 800-507-3800 to receive your own authorization number. By doing so, you can be assured of your eligibility and reimbursement for money spent.
2. After receiving services and paying in-full for the examination and/or materials (you do not pay a copayment to the non-network provider), submit your *original* itemized billing received from the provider, along with your authorization number, to the SVS Claims Administration office listed below.
3. You will be reimbursed according to the schedule of allowances for non-network providers, less any required copayments.



Superior Vision Services, Inc.

#### **Member Services Information**

**P.O. Box 967**

**Rancho Cordova, CA 95741**

**For Member Services & Claims Inquiry**

**1-800-507-3800**

**[www.superiorvision.com](http://www.superiorvision.com)**

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**The Superior Vision Plan is underwritten by  
ReliaStar Life Insurance Company  
20 Washington Avenue South  
Minneapolis, MN 55401**

# **Waco Independent School District**

***Make the  
Right  
Choice  
for Good  
Health and  
Sight.***

***Enroll in the***



# **Superior Vision Plan**

### ***Promoting the Early Detection of Health Problems.***

Comprehensive eye examinations performed by one of the Superior-Vision Plan member ophthalmologists or optometrists can lead to early detection of many diseases and physiological problems that are present in the eye or other parts of the body. Early detection can aid in prompt and effective treatment of some diseases and disorders. This can save you and your family money and preserve your health and sight.

***The following is a partial list of health problems that can often be detected through regular eye examinations:***

- Amblyopia (Lazy Eye).
- Astigmatism.
- Cataracts (Cloudy Lens).
- Detached Retina.
- High Blood Pressure.
- Macular Degeneration.
- Presbyopia.
- Tumors (Related to the Eye and Eye Orbit).
- Vitamin Deficiencies.
- Arteriosclerosis.
- Carcinoma.
- Diabetes.
- Glaucoma.
- Hypertension.
- Nutritional Disorders.
- Ptosis (Drooping Upper Eyelid).
- Viral & Bacterial Infections.

### ***Signs or Symptoms Indicating You May Have a Medical Eye Problem.***

If you have any of the following symptoms, contact an eye doctor.

- Blurry vision uncorrectable by lenses.
- Double vision.
- Dimming of the vision that comes and goes, or sudden loss of vision.
- Red eye.
- Eye pain.
- Loss of side vision.
- Haloes (colored rays or circles around lights).
- Crossed, turned or wandering eye.
- Twitching or shaking eye.
- Flashes or streaks of light.
- New floaters (spots, strings, or shadows).
- Discharge, crusting, or excessive tearing.
- Swelling of any part of the eye.
- Bulging of one or both eyes.
- Difference in the size of the eyes.
- Diabetes.

### ***Definitions of Contact Lenses.***

**Contact Lenses, Elective/Cosmetic.** Elective/Cosmetic contact lenses are those that are worn solely for cosmetic or convenience reasons. They are chosen because they are preferred over the wearing of conventional eyeglasses. Contact lenses covered by the Plan must contain a prescription for correcting a vision deficiency. Charges over the benefit allowance are paid directly to the provider.

**Contact Lenses, Medically Necessary.** These lenses must be specifically prescribed by the eye doctor to be used for the reason or reasons described below. Reimbursement for these lenses will be considered as payment-in-full when utilizing an in-network provider.

- Aphakia (after cataract surgery without implant lens).  
A pair of prescription single vision or multifocal eye glass lenses and an eyeframe can be provided along with contact lenses prescribed for this reason.
- When visual acuity cannot be corrected to 20/70 in the better eye except through the use of contact lenses (must be 20/60 or better).
- Anisometriopia of 4.0 diopters or more, provided visual acuity improves to 20/60 or better in the weak eye.
- Kerataconus.

Note: The narrowing of visual fields due to high minus or high plus corrections is not considered a reason for medically necessary contact lenses.

**CONTACT LENS EXAM/FITTING FEE:** Most providers charge a fee for the fitting of contact lenses. This fee is separate from the eye examination and will vary depending on the provider's fee structure policies. It will also vary due to circumstances or complexities involving the physiological condition of the eyes, the lens prescription, and the type of lenses used. The contact lens exam/fitting fee may be included in the contact lens allowance.

### ***Refractive Surgery Discount.***

Superior Vision Services, Inc. is contracting with ophthalmic refractive surgeons to provide SVS members with a 20% discount off their surgical fees for radial keratotomy (RK), photo-refractive keratotomy (PRK) and LASIK. Providers contracted are noted with a RF under their name in the SVS Provider Directory. This discount does not apply to the insured plan underwritten by ReliaStar Life Insurance Company.

## Waco ISD

### Vision Plan - Preferred Provider (PPO)/Indemnity

#### Outline of Benefits

#### Monthly Rates:

Employee Only	\$10.66
Employee and One Dependent	\$20.68
Employee and Family	\$30.36

Rates effective through November 30, 2003

Copayment:	\$5.00 Exam
	\$5.00 Lenses & Frames (excludes contact lenses)

#### Gold Preferred Plan II Services/Frequency

Comprehensive Exam	12 Months
Lenses	12 Months
Frames	12 Months
Contact Lenses	12 Months

Benefits	In-Network	Non-Network
Comprehensive Exam		
Ophthalmologist (MD)	Covered in Full	Up to \$42.00
Comprehensive Exam		
Optometrist (OD)	Covered in Full	Up to \$37.00
Standard Lenses (Per Pair):		
Single Vision	Covered in Full	Up to \$32.00
Bifocal	Covered in Full	Up to \$46.00
Trifocal	Covered in Full	Up to \$61.00
Lenticular	Covered in Full	Up to \$84.00
Contact Lenses (Per Pair):*		
Medically Necessary	Covered in Full	Up to \$210.00
Cosmetic-Elective**	Up to \$100.00	Up to \$100.00
Frames-Standard**	Up to \$100.00	Up to \$48.00

\* Contact lenses are in lieu of eyeglass lenses and frames benefit.

\*\* The insured is responsible for paying any charges in excess of this allowance.

#### The Discount Plan Benefit for Additional Materials:

-Prescription eyeglass lenses	30% off retail prices
-Eyeframes	30% off retail prices
-Add-on charges to basic lenses	20% off retail prices
-Contact lenses, standard hard or soft	20% off retail prices
-Disposable contact lenses	10% off retail prices
-All other prescription materials	20% off retail prices

The discount benefit is available only from Superior Vision Plan in-network providers who are identified in the provider directory with a "DP". Discounts do not apply to the insured benefit underwritten by ReliaStar Life Insurance Company.

### Limitations (options at additional cost)

The Superior Vision Plan is designed to provide your basic eyewear needs. It does not cover items that are considered cosmetic or elective. The following options will require an additional charge over the covered benefit. Pay any additional charges directly to your provider.

Example: Standard design bifocal lenses are a covered benefit. Blended (no-line) bifocals will require an additional charge.

- A frame that costs more than the Plan allowance.
- Additional cost for contact lenses (elective) over the allowance.
- Blended (no-line) and/or multifocal lenses.
- Beveled and/or faceted lenses.
- Coating on lenses (anti-scratch, anti-reflective, sunglass colors).
- Cosmetic lenses.
- Oversize charge for lenses larger than Plan allowance.
- Polycarbonate lenses.
- Replacement frames and/or lenses.

### Exclusions (products & services not covered)

There is no benefit coverage for the following products and services.

- Conditions covered by workers' compensation.
- Eye examinations required by the employer as a condition for employment.
- Frame cases.
- Low (subnormal) vision aids.
- Non-prescription (plano) eyewear.
- Orthoptics or vision training and any associated supplemental testing.
- Progressive lenses.
- Services and materials provided by another vision plan.
- Tints (except Rose tint #1 and #2).

Note: This is only a summary of the benefit plan. You may review and/or obtain a copy of the Master Policy and Certificate of Coverage by contacting your Human Resources/Employee Benefits Office.