

Vision Plan

Gray and Son, Inc. provides a separate vision benefit that is offered through Superior Vision.

- New lenses and eye exams are covered **every 12 months!**

You may locate providers:

- on the Superior web site, WWW.SUPERIORVISION.COM or
- call Customer Service at 1-800-507-3800 for help locating a provider or to answer any questions.

Superior will provide ID Cards to new members; however, you may print a replacement card from WWW.SUPERIORVISION.COM. After you have identified and contacted a participating provider, they will use your ID number (your Social Security number) to confirm your coverage with Superior.

COVERAGE	IN-NETWORK	OUT-OF-NETWORK
<u>EXAMS</u>	\$10 copay	\$10 copay
Comprehensive Eye Examination <i>(with dilation)</i>	Covered in full after copay	Reimbursed up to \$40
Contact Lens Fit & Follow-up	\$30 allowance <i>(copay does not apply)</i>	Reimbursed up to \$30 <i>(copay does not apply)</i>
<u>MATERIALS</u>	\$25 copay	\$25 copay
<i>Eyeglasses (in lieu of contact lenses)</i>		
Standard Plastic CR-39 Lenses <ul style="list-style-type: none"> ▪ Single ▪ Bi-focal ▪ Tri-focal ▪ Lenticular 	Covered in full after copay	Reimbursed up to: <ul style="list-style-type: none"> ▪ Single \$30 ▪ Bi-focal \$45 ▪ Trifocal \$60 ▪ Lenticular \$100
Standard Frames	\$100 retail allowance	Reimbursed up to \$50
<i>Contact Lenses (in lieu of eyeglass lenses and frames)</i>		
Elective Contact Lenses	\$100 retail allowance	Reimbursed up to \$90
Medically Necessary Contact Lenses ⁴	\$250 retail allowance	Reimbursed up to \$250
<u>LENS UPGRADES</u>	Available when you use your eyeglass lens benefit	
Polycarbonate Lenses <i>(members age 19 and under)</i>	Covered in full <i>(copay does not apply)</i>	Reimbursed up to \$10 <i>(copay does not apply)</i>

COVERAGE	IN-NETWORK	OUT-OF-NETWORK
<u>LENS UPGRADES</u>	Available when you use your eyeglass lens benefit	
Standard Progressive Lenses	Additional \$50 copay	Reimbursed up to \$80 (subject to \$50 copay)
Photochromic Lenses	Additional \$60 copay	Reimbursed up to \$70

BENEFIT FREQUENCY

Eye Exam Every 12 months

Eyeglass Lenses Every 12 months

Eyeglass Frames Every 12 months

Contact Lenses Every 12 months