Summary of Benefits

USD #229 – Blue Valley
Group #01698-0-1-0
EFFECTIVE FOR JANUARY 1, 2025

This plan utilizes the ACCESS Network.

For questions call: 866-818-8805

FREQUENCY:

Exams:
Once every Calendar Year

Frames:
Once every 2 Calendar Years

Lenses or Contact Lenses:
Once every Calendar Year

ADDITIONAL DISCOUNTS:

40% off - Additional pair of eyeglasses or sunglasses (both frames & lenses)

20% off – Non covered items such as cleaning cloths and solution

15% off – Retail price of LASIK Vision Correction

40% off – Hearing Discount: hearing exams and a low price guarantee on discounted hearing aids

Vision Care Services	In–Network Member Costs	Out-of-Network Allowances
Exam With Dilation as Necessary	$10 Copay	Up to $35 Reimbursement
Retinal Imaging	$39	Not Covered
Frames	$130 Allowance, 20% off balance	Up to $65 Reimbursement
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
Standard Anti-Reflective Coating	$45	Not Covered
Standard Progressive (includes Copay amount)	$90 Copay	Up to $40 Reimbursement
Premium Progressive (includes Copay amount)	$90 Copay, $120 Allowance, 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.)		
Standard – spherical clear contact lenses in conventional wear and planned replacement (Examples include but not limited to disposable, frequent	$0 Copay, Paid-in-full fit and two follow-up visits	Up to $40 Reimbursement
Premium – all lens designs, materials and specialty fittings other than Standard Contact Lenses (Examples include toric, multifocal, etc.)	$55 Allowance	Up to $40 Reimbursement
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
Medically Necessary	$0 Copay	Up to $200 Reimbursement

SEE SECTION ON PLAN LIMITATIONS/EXCLUSIONS ON THE NEXT PAGE

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 ContactsDirect.com, Glasses.com, Rayban.com/insurance and more.

INDEPENDENT PROVIDER NETWORK + LENSCRAFTERS PEARLE EST. 1961 VISION TARGET OPTICAL

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

DEPENDENT CHILD AGE

A child is eligible for coverage under the Plan to the end of the calendar year in which they turn age of 26.

PLAN LIMITATIONS/EXCLUSIONS:

- 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.