SUPERIOR VISION INSURANCE PLAN OF WISCONSIN
VOLUNTARY BENEFIT

Plan Description	Full Service	Materials Only
Frequency Limitations		
Eye Examination	Once Every 12 Months	Not Covered
Lenses	Once Every 12 Months	Once every 12 Months
Frame	Once Every 24 Months	Once every 24 Months
Contact Lenses	Once Every 12 Months	Once Every 12 Months
Vision Benefits		
Vision Exam In-Network	100%	Not Covered
Vision Exam Out-of-Network	Up to $35	Not Covered
Frames In-Network	Up to $125	Up to $125
Frames Out-of-Network	Up to $70	Up to $70
Lens Benefits (Clear, Standard, Glass or Plastic)		
Single Vision In-Network	100%	100%
Single Vision Out-of-Network	Retail value to $25	Retail value to $25
Bifocal In-Network	100%	100%
Bifocal Out-of-Network	Retail value to $40	Retail Value to $40
Trifocal In-Network	100%	100%
Trifocal Out-of-Network	Retail value to $45	Retail value to $45
Contact Lenses Benefit		
Medically Necessary w/PreAuth In-Network	100%	100%
Medically Necessary w/PreAuth Out-of-Network	$150 Maximum	$150 Maximum
Elective In-Network	$150 Maximum	$150 Maximum
Elective Out-of-Network *(In lieu of spectacle lenses)*	Retail Value to $125	Retail Value to $125
Bi-Weekly Rates (Full Premium is paid by the Employees)		
Employee Only	$4.16	$2.94
Limited Family	$8.32	$5.88
Family	$11.02	$7.78
(Limited Family is defined as Employee + Spouse OR Employee + Children)		

SUPERIOR VISION - FIND A PROVIDER

Go to https://www.superiorvision.com/member/locate_provider

- Click on “Find a Provider”
- Enter location
- Coverage Type “**Insurance Through Your Employer”**
- Choose Your Network “**Superior Select Midwest**”
- Click on “Find Providers”

This is a summary and all benefits are subject to the limitations and exclusions set forth in the Summary Plan Description (SPD). The SPD is located on the City’s website at www.greenbaywi.gov .