





Seeing what's next, A vision care proposal for...

Lake County

Superior National Network July 23, 2020





Lake County

Proposed Effective Date: January 1, 2021
Vision Plan With Discount Features

Superior National Network - Base Plan
Voluntary

| Tier | Monthly Premiums |
|--------------------------|-------------------------|
| Employee | \$6.09 |
| Employee + One Dependent | \$11.19 |
| Employee + Family | \$18.94 |

Services

Frequency

| • | | | <u> </u> |
|--|------------|---------------------------------|----------------|
| Exam | \$10 | Exam | 12 Months |
| Materials ¹ | \$25 | Frames | 24 Months |
| Contact Lens Fitting \$0 | \$0 | Contact Lens Fitting | 12 Months |
| | | Lenses | 12 Months |
| | | Contact Lenses | 12 Months |
| Benefits | | In-Network | Out-of-Network |
| Exam (Ophthalmologist) | | Covered In Full | Up to \$37 |
| Exam (Optometrist) | | Covered In Full | Up to \$28 |
| Frames | | \$130 retail allowance | Up to \$65 |
| Contact Lens Fitting (Standard ²) | | Covered In Full | Not Covered |
| Contact Lens Fitting (Specialty ²) | | \$50 retail allowance | Not Covered |
| Lenses (Standard) Per Pair: | | | |
| Single Vision | | Covered In Full | Up to \$29 |
| Bifocal | | Covered In Full | Up to \$43 |
| Trifocal | | Covered In Full | Up to \$53 |
| Progressive | | Covered at lined trifocal level | Up to \$53 |
| Lenticular | | Covered In Full | Up to \$84 |
| Polycarbonate for Dependent | t Children | Covered In Full | Not Covered |
| Factory Scratch Coat | | Covered In Full | Not Covered |
| Contact Lenses ³ | | \$150 retail allowance | Up to \$100 |
| Medically Necessary Contact Lenses | S | Covered In Full | Up to \$210 |
| | | | |

Rate Assumptions

• Rates are guaranteed for 5 years.

Co-Pays

- Minimum requirements:
 - Minimum 10 enrolled employees.
 - The employer pays 0% of the employee premium and 0% of the dependent premium.

This quote is valid for effective dates within 90 days of the proposed effective date noted above. The proposed rates are based on the information provided to prepare this quote and the parameters outlined in this quote. This quote is subject to adjustment if actual information is materially different than that provided, or if there are changes from the parameters outlined in this quote.

Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements All allowances are at a retail value; the insured is responsible for any charges in excess of this retail allowance.

Underwritten by: National Guardian Life Insurance Company National Guardian Life Insurance Company of America, aka The Guardian Company of America, aka The Company of America, aka

¹ Materials co-pay applies to lenses and frames only, not contact lenses.

² Standard Contact Lens Fitting applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only.
Specialty Contact Lens Fitting applies to new contact wearers and/or a member who wears toric, gas permeable, or multi-focal lenses.

 $^{^{\}rm 3}$ Contact lenses are in lieu of eyeglass lenses and frames benefit.



Lake County

Proposed Effective Date: January 1, 2021 Vision Plan With Discount Features **Superior National Network - Buy Up Plan Voluntary**

| Tier | Monthly Premiums |
|--------------------------|-------------------------|
| Employee | \$7.46 |
| Employee + One Dependent | \$13.70 |
| Employee + Family | \$23.18 |

Services

| Exam | \$10 | Exam | 12 Months |
|--|----------|---------------------------------|----------------|
| Materials ¹ | \$25 | Frames | 12 Months |
| Contact Lens Fitting | \$0 | Contact Lens Fitting | 12 Months |
| | | Lenses | 12 Months |
| | | Contact Lenses | 12 Months |
| Benefits | | In-Network | Out-of-Network |
| Exam (Ophthalmologist) | | Covered In Full | Up to \$37 |
| Exam (Optometrist) | | Covered In Full | Up to \$28 |
| Frames | | \$150 retail allowance | Up to \$78 |
| Contact Lens Fitting (Standard ²) | | Covered In Full | Not Covered |
| Contact Lens Fitting (Specialty ²) | | \$50 retail allowance | Not Covered |
| Lenses (Standard) Per Pair: | | | |
| Single Vision | | Covered In Full | Up to \$29 |
| Bifocal | | Covered In Full | Up to \$43 |
| Trifocal | | Covered In Full | Up to \$53 |
| Progressive | | Covered at lined trifocal level | Up to \$53 |
| Lenticular | | Covered In Full | Up to \$84 |
| Polycarbonate for Dependent | Children | Covered In Full | Not Covered |
| Factory Scratch Coat | | Covered In Full | Not Covered |
| Contact Lenses ³ | | \$200 retail allowance | Up to \$100 |
| Medically Necessary Contact Lenses | | Covered In Full | Up to \$210 |

Rate Assumptions

- Rates are guaranteed for 5 years.
- · Minimum requirements:

Co-Pays

Minimum 10 enrolled employees.

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Superior National Network

- We offer a broad provider network of MDs, ODs, national and regional optical retail chains (in network) including LensCrafters, Target Optical, Pearle Vision and additional providers as noted below.
 - Benefit allowances remain the same across the full provider network so you receive the same level of benefits regardless of the in-network provider chosen.
 - More one-hour and same-day service options providing members with swift solutions to vision care.
 - Freedom to choose the same or different providers for exam and materials.
 - In-network online shopping through leading retailers Glasses.com, 1-800 Contacts, and ContactsDirect
- A National LASIK Network of laser vision correction providers, featuring QualSight, offers Superior Vision members a discount on services. These discounts should be verified prior to service.
- A National Hearing Network of hearing care professionals, featuring Your Hearing Network, offers Superior Vision members discounts on services, hearing aids and accessories. These discounts should be verified prior to service.























Superior Value

- Separate Stand-alone Contact Lens Fitting Benefit. Contact lenses are covered as a separate benefit—so the full materials allowance can be used for materials.
- Members may also receive additional discounts, including 20% off lens upgrades and 30% off additional pairs of glasses. Discounts are provided by participating providers. Members should verify if their provider participates in the discount feature before receiving service.

For more information or additional group quotes, please contact:

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