



**Summary of Benefits**  
 USD #394- Rose Hill (Mat Only)  
 22596-000-00002-00039  
 EFFECTIVE FOR OCTOBER 1, 2025

|                                                                                                                                                                                                                          | Vision Care Services                                                                                                                     | In-Network Member Costs                                                           | Out-of-Network Allowances |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------|
| <b>This plan utilizes the Access Network.</b><br><br><b>FREQUENCY:</b><br><br>Exams:<br><b>Not Covered</b><br><br>Frames:<br><b>Once every 12 months</b><br><br>Lenses or Contact Lenses:<br><b>Once every 12 months</b> | <b>Frames, Lenses, &amp; Options Package</b><br><small>(Any frame, lenses and lens options available at the provider locations.)</small> | \$200 Allowance,<br>20% off balance over Allowance                                | Up to \$100 Reimbursement |
|                                                                                                                                                                                                                          | <b>Contact Lenses (Conventional &amp; Disposable)</b><br><small>(in lieu of frames, lenses &amp; options package above)</small>          | \$200 Allowance                                                                   | Up to \$100 Reimbursement |
|                                                                                                                                                                                                                          | <b>Additional Discounts</b>                                                                                                              |                                                                                   |                           |
|                                                                                                                                                                                                                          | <b>Additional Glasses</b>                                                                                                                | <b>40% off</b> additional pair of eyeglasses or sunglasses                        | N/A                       |
|                                                                                                                                                                                                                          | <b>Non-Covered Items</b>                                                                                                                 | <b>20% off</b> non-covered items such as cleaning cloths and solution             | N/A                       |
|                                                                                                                                                                                                                          | <b>Laser Vision Correction</b><br><small>For Lasik providers call 1-877-5LASER6</small>                                                  | <b>15% off</b> retail price or 5% off promotional price                           | N/A                       |
|                                                                                                                                                                                                                          | <b>Hearing Care</b>                                                                                                                      | <b>40% off</b> hearing exams and a low price guarantee on discounted hearing aids | N/A                       |

**SEE SECTION ON PLAN LIMITATIONS/EXCLUSIONS ON THE NEXT PAGE**

This is a Summary of Benefits only, and various limitations and exceptions may apply. Your actual coverage is described in the Agreement which is binding on all of the parties and supersedes all other written or oral communications.

# 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

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



## 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.