

SUPERIOR VISION INSURANCE

TYPE OF SERVICE	AMOUNT YOU PAY
Eye Exam	\$10 copay
Materials/Eyewear	\$25 copay
Standard Corrective Lens <ul style="list-style-type: none"> - Single - Lined Bifocal - Lined Trifocal 	Covered under Materials copay
Contact Lenses	Covered under Materials copay
Frame Allowance	\$100 Allowance once every 24 months from date of service
Contact Lens Allowance	\$125 Allowance once every 12 months from date of service
Semi-Monthly Payroll Deductions	Employee only—\$0.00 Employee & spouse—\$2.16 Employee & child(ren)—\$2.46 Family—\$5.03



Download our mobile app

Create an online account

- Log in with the username and password you use to access your Member account on SuperiorVision.com
- Or, you can create an account in the app.

Locate a provider

- Find a provider in your network
- Get directions
- Call the provider

View your vision benefits

- Review your vision benefits and the benefits for any dependents

Get your member ID card

- View our ID card full screen
- Print or email your ID card

