

Vision Insurance

SUPERIOR VISION	
Waiting Period/Coverage Election Date	Coverage begins on the first Monday following 30 days of employment. The date of employment is based on the date of your first check.
BASIC INFORMATION IN-NETWORK	
Eye Exam	100% after \$10 copay
Contacts: Elective	Up to \$120 Allowance
Single, Bifocal, Trifocal Vision Eyeglass Lenses	100% after \$25 copay
Standard Frame	*Up to \$120 Allowance
FREQUENCY OF SERVICES IN-NETWORK	
Comprehensive Eye Examination	12 Months
Lenses	12 Months
Frames	24 Months
OTHER FEATURES OTHER FEATURES	
Laser Vision Correction	Discounts range from 10% to 50%
Network	Superior National Network
Plan Provisions	*Frames: Up to 20% off amount over allowance

TEAMMATE VISION PLAN RATE	TEAMMATE WEEKLY COST
Teammate Only	\$0.00
Teammate & Spouse	\$0.81
Teammate & Children	\$1.12
Family	\$2.14

Finding a Provider

- Visit www.superiorvision.com
- Click “Members”
- Select “Find an eye care professional”
- Enter your location information
- Select the “Insurance Through Your Employer” option
- Select the “Superior National” network
- Choose your desired distance
- Select the “Find Providers” button

For assistance with inquiries related to your vision insurance, please contact Superior Vision at [1-800-507-3800](tel:1-800-507-3800)

Dental Insurance

This Dentemax Insurance is included with medical coverage. This is a Preferred Provider Organization (PPO) plan. The PPO plan offers the flexibility to use any licensed dentist, so you can find a provider who meets your needs.

DENTAL	
Annual Deductible - Individual/Family	\$50/\$150
Calendar Year Maximum Benefit	\$1,000
Network	Dentemax
IN-NETWORK/OUT-OF-NETWORK COVERAGE	
PREVENTIVE SERVICES	
Exams (once every 6 months)	Covered 100%
Cleanings (once every 6 months)	
Fluoride Treatments (children under 14)	
X-rays	
BASIC SERVICES	
Fillings	Covered 80%
Simple Extractions	
Sealants (children under 16)	
MAJOR SERVICES	
Periodontics	Covered 50%
Endodontic (root canal)	
Crowns	
Bridges	
Dentures	

TEAMMATE DENTAL PLAN RATE	TEAMMATE WEEKLY COST
Teammate Only	\$0.00
Teammate & Spouse	\$3.65
Teammate & Children	\$4.53
Family	\$6.84

Finding a Provider

- Visit www.dentemax.com
- Click “Find a Dentist” in the top center
- Enter desired zip code

For assistance with inquiries related to your dental insurance, please visit www.dentemax.com