

# WELCOME!



## SEE THE DIFFERENCE WITH SURENCY VISION

*It sure is easy.*

### GET THE CONVENIENCE YOU NEED AND THE PROVIDER CHOICES YOU WANT

- With access to over 100,000 providers nationwide, finding a **Surency Vision** provider is easy and one less task to worry about. **Surency Vision** combines EyeMed's extensive provider network with Surency's strong customer focus - the kind of focus you deserve.

#### SEARCH FOR A PROVIDER BY:

- ZIP Code
- Provider/Retail Name
- Hours & Scheduling
- Services
- Products
- Brands

VISIT [SURENCY.COM/STATEOFKANSAS](https://www.surency.com/stateofkansas) TO FIND AN INSIGHT NETWORK PROVIDER NEAR YOU.

contactsdirect GLASSES.COM

#### READY TO ORDER GLASSES OR CONTACTS?

Use **Glasses.com** or **ContactsDirect.com/Surency** to take advantage of your benefits at checkout! Simply input your insurance information and see what your out-of-pocket cost will be before buying. Plus, no need to file claims!

#### ACCESS YOUR SURENCY VISION ACCOUNT FROM YOUR PHONE WITH OUR MOBILE APP!

- Find a network provider
- Access your mobile ID card
- Check your eligibility
- Check claim status
- Order contact lenses
- And more!



Search for Surency Vision in the App Store or Google Play.

#### ATTENTION WALMART SHOPPERS

Although not all Walmart Vision Centers are network providers, you'll receive **network** benefits if you choose to use a Walmart that is not shown on the provider locator. Simply pay for your services at the time of your visit and submit your receipt for reimbursement using the non network claim form found at **Surency.com/StateofKansas**. Instead of the standard non network benefit, you will be reimbursed based on network benefits. Please note that extra discounts on non-covered items under your plan will not apply.

#### VISIT ANY OF THE FOLLOWING NETWORK PROVIDERS:



LENSCRAFTERS



866-818-8805 • [Surency.com/StateofKansas](https://www.surency.com/stateofkansas)

# BENEFITS SUMMARY



## 2021 SURENCY VISION BENEFITS

Service or Item	Basic Plan: Network	Enhanced Plan: Network	Non Network
<b>Eye Exams: Subject to \$50 Copayment</b>			
<b>Eye Exam, M.D. or O.D.</b>	Covered in Full After Copayment	Covered in Full After Copayment	Up to \$38*
<b>Eyeglasses: Subject to \$25 Materials Copayment</b>			
<b>Frame</b>	Up to \$100 retail*	Up to \$150 retail*	Basic: Up to \$45* Enhanced: Up to \$78*
<b>Single Vision Lenses, pair</b>	Covered in Full After Copayment	Covered in Full After Copayment	Up to \$31*
<b>Bifocal Lenses, pair</b>	Covered in Full After Copayment	Covered in Full After Copayment	Up to \$51*
<b>Trifocal Lenses, pair</b>	Covered in Full After Copayment	Covered in Full After Copayment	Up to \$64*
<b>Lenticular Lenses, pair</b>	Covered in Full After Copayment	Covered in Full After Copayment	Up to \$80*
<b>Progressive Lenses, pair</b>	Not Covered	Covered up to \$165*	Not Covered
<b>High Index Lenses, pair</b>	Not Covered	Covered up to \$116 retail*	Not Covered
<b>Polycarbonate Lenses, pair</b>	Member pays up to \$40	Covered in Full	Not Covered
<b>Scratch Coat</b>	Member pays up to \$15	Covered in Full	Not Covered
<b>UV Coat</b>	Member pays up to \$15	Covered in Full	Not Covered
<b>Contact Lenses: Not Subject to Materials Copayment</b>			
<b>Elective/Cosmetic Retail</b>	Covered up to \$150 retail*	Covered up to \$150 retail*	Covered up to \$105*
<b>When Medically Necessary</b>	Covered in Full	Covered in Full	Covered up to \$105*
<b>Contact Lens Exam Fitting Fee: \$35 Copayment</b>			
<b>Standard Contacts**</b>	Covered in Full after Copayment	Covered in Full after Copayment	Not Covered
<b>Specialty Contacts***</b>	10% off Retail Price, minus \$55 allowance	10% off Retail Price, minus \$55 allowance	Not Covered
<b>Frequencies</b>			
<b>Eye Exam</b>	Covered once every calendar year.		
<b>Frames</b>	Covered once every calendar year.		
<b>Frame Lenses</b>	Covered once every calendar year unless contact lenses has been elected.		
<b>Contact Lenses</b>	Covered once every calendar year unless frame lenses has been elected.		

\* You are responsible for any charges above the allowance.

\*\* Standard contact lens fit and up to two follow up visits covered once a comprehensive eye exam has been completed. Typical standard lens wearers include disposable, daily wear or extended wear lenses.

\*\*\* Specialty contact lens fit and up to two follow up visits covered once a comprehensive eye exam has been completed. Typical specialty lens wearers include toric, gas permeable and multi-focal lenses.

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