



## **North Dakota Public Employees Retirement System (NDPERS)**

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This publication contains information for enrolling in the NDPERS Plans administered by NDPERS.

This publication is intended to provide general information and may not be considered to be a legal interpretation of law. Statements contained in this publication do not supersede the North Dakota Century Code or Administrative Code or restrict the authority granted to the Retirement Board.

The information in this publication is subject to changes made by the North Dakota legislature, by the Board of the North Dakota Public Employees Retirement System (NDPERS), and its agents.

# GROUP VISION INSURANCE

Underwritten by:  
**Superior Vision**



## **Eligibility**

Eligible employees are those employees who are at least 18 years of age, work at least 20 hours per week for 20 or more weeks per year for a state agency, and whose positions are regularly funded and not of limited duration (i.e., permanent).

## **Enrollment**

You have an initial enrollment period of 31 days from your date of employment. Applications received within the enrollment period will be accepted with no restrictions or limitations for you and any eligible dependents. Coverage will be effective the first of the month following your employment date.

If you do not enroll during the initial 31 day eligibility period when hired you may apply for coverage during the designated Annual Enrollment Season with coverage effective January 1<sup>st</sup>.

If you and/or your dependents do not elect to participate when initially eligible, you and/or dependents may elect to participate during an annual enrollment season. If you do not enroll when initially eligible you and/or dependents will be considered late entrants. As a late entrant, no benefits will be payable for expenses incurred in the first 12 months, except for the vision exam benefit.

## **Vision Rates**

The following COBRA premiums are in effect through December 31, 2012:

Individual Only	\$ 4.92
Individual and Spouse	\$ 9.84
Individual and Child (ren)	\$ 8.96
Family	\$13.88

The premium is eligible for pre-tax treatment through the IRC Section 125 FlexComp program.

## **Coverage Questions**

For additional information concerning coverage call 1-(800) 507-3800.



Presenting the Superior Vision Plan Prepared for  
**North Dakota PERS**

**Outline of Benefits**

**Co-payments:** **\$0 Comprehensive Eye Exam**  
**\$35 Materials**  
**\$35 Contact Lens Fitting**

In-network co-pays are paid directly to the provider.  
Materials co-pay applies to lenses and/or frames, not contact lenses.

	<u>In-Network<sup>1</sup></u>	<u>Out-of-Network<sup>1</sup></u>
<b>Comprehensive Eye Exam:</b>		
Ophthalmologist (MD)	Covered in Full	Up to \$45
Optometrist (OD)	Covered in Full	Up to \$45
<b>Standard Lenses (Per Pair):</b>		
Single Vision	Covered in Full	Up to \$35
Bifocal	Covered in Full	Up to \$50
Trifocal	Covered in Full	Up to \$70
Lenticular	Covered in Full	Up to \$70
Progressives	Covered to providers retail trifocal amount	Up to \$70
<b>Contact Lenses (Per Pair):<sup>2</sup></b>		
Medically Necessary Elective <sup>3</sup>	Covered in Full Up to \$100	Up to \$210 Up to \$100
<b>Contact Lens Fitting<sup>4</sup></b>		
Standard	Covered in Full	Not Covered
Specialty	Up to \$50	Not Covered
<b>Frames-Standard<sup>3</sup></b>	Up to \$75	Up to \$40

<sup>1</sup> All in-network and out-of-network allowances are at the retail value.

<sup>2</sup> Contact lenses are in lieu of eyeglass lenses and frames benefit.

<sup>3</sup> The insured is responsible for paying any charges in excess of this allowance.

<sup>4</sup> Standard contact lens fitting applies to an existing contact lens user who wears disposable, daily wear, or extended wear lenses only. The specialty contact lens fitting applies to new contact lens wearers and/or a member who wears toric, gas permeable, or multi-focal lenses.

**Plan Frequency**

Comprehensive Exam	1 per Calendar Year
Contact Lens Fitting	1 per Calendar Year
Lenses	1 Pair per Calendar Year
Frames	1 per Calendar Year
Contact Lenses	1 Allowance per Calendar Year

**Monthly Rates:**

Employee Only	\$4.92
Employee and Spouse	\$9.84
Employee and Child(ren)	\$8.96
Employee and Family	\$13.88

For assistance with using your plan, please contact Customer Service at (800) 507-3800.

**Materials Discount SVP8-20**

These discounts apply to upgrades on the covered frame and lenses only. For discounts on additional pairs, please refer to the Discounts on Additional Purchases.

**Frames** 20% off the difference between the covered frame allowance and the retail price of the selected frame.  
Note: Discounts do not apply when prohibited by the manufacturer.

**Add-ons to the covered pair of lenses**

<b>Lens Options and Upgrades</b>	<b>Member pays 20% off retail up to:</b>
Scratch coat (factory)	\$13 (single vision & standard lined multifocal lenses)
Ultraviolet coat	\$15 (single vision & standard lined multifocal lenses)
Standard anti-reflective coat	\$50 (single vision & standard lined multifocal lenses)
High Index 1.6	\$55 (single vision lenses only)
Polycarbonate	\$40 (single vision lenses only)
Standard photochromic	\$80 (single vision lenses only)
Plastic tints solid or gradient	\$25 (any type lenses)
Glass coloring	\$35 (any type lenses)
	<b>Member pays:</b>
Power over 4.00 Sphere, 2.00D Cylinder & 5.00D Prism	20% discount off retail
Cosmetic finishing, beveling, edging & mounting	20% discount off retail
All other lens options / upgrades	20% discount off retail

Higher end or brand name lens upgrades are at an additional expense to you. These upgrades will be available at a 20% discount off retail.

Progressive Power Lens Benefit (no-line): The member pays the difference between the provider's price for Standard Trifocal lenses and the price of the progressive power lenses selected, less 20%.

*Disclaimer: All final determinations of benefits, administrative duties, and definitions are governed by the Certificate of Insurance Coverage for your vision plan.*

**Materials Discounts on Additional Purchases**

Prescription eyeglass lenses	30% off retail	All other prescription materials	20% off retail
Add-on charges to basic lenses	20% off retail	Eyeglass frames	30% off retail
Contact lenses, standard hard or soft	20% off retail	Everyday "frame and lens" package pricing"	20% off retail
Disposable contact lenses	10% off retail		

Discounts are provided by Superior Vision contracted providers identified in the provider directory.

**Refractive Surgery Discounts**

Superior Vision Services has a nationwide network of refractive surgeons. These providers offer Superior Vision Plan members a discounted rate off the usual and customary prices for LASIK surgery. These discounts vary depending on the provider but are the best possible discounts available to Superior Vision.