

Vision Insurance

This Superior Vision Insurance is included with your medical coverage.

SUPERIOR VISION	
Waiting Period/Coverage Election Date	Teammates are eligible for coverage once they have been on assignment for 30 days. Coverage begins on the first Monday following 30 days after your first check.
BASIC INFORMATION IN-NETWORK	
Eye Exam	100% after \$10 copay
Contacts: Elective	*Up to \$150 Allowance
Single, Bifocal, Trifocal Vision Eyeglass Lenses	100% after \$25 copay
Standard Frame	*Up to \$150 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 20% to 50%
Network	Superior National Network <i>(Verify the doctor and the vision facility both participate in the Superior National network before seeking services)</i>
Plan Provisions*	Frames: Up to 20% off amount over allowance Disposable Contacts: 10% off amount over allowance Conventional Contacts: 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**

*IMPORTANT:

Contact Lenses are in lieu of eyeglass lenses and frames benefit.

Dental Insurance

The dental insurance is included with UMR medical coverage. This is a Preferred Provider Organization (PPO) plan, giving you the flexibility to receive care from either in-network or out-of-network providers. To maximize your benefits and minimize costs, consider choosing an in-network provider through DenteMax.

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)	
Periodontics	
Endodontic (root canal)	
MAJOR SERVICES	
Crowns	Covered 50%
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 Dental Provider

- Visit www.umar.com and select "Find a provider" or call 1-800-826-9781
- Check the Dental radio button under the "Search by" section.
- Scroll to "DenteMax" in the alphabetical list, or type it into the search box.
- Click "Find a Dentist" at the top of the DenteMax page
- Enter desired zip code

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