



WELCOME!

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 TO FIND A 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.



TO FIND A NETWORK PROVIDER NEAR YOU, VISIT SURENCY.COM/STATEOFKANSAS



LENSCRAFTERS



Eye Exam Note:

Your first eye visit regardless of reason or diagnosis each year is covered at 100% if you are enrolled in any of the SEHP medical plans and you use a Network provider. This does NOT apply to any Retirees enrolled in the SEHP Supplemental or Medicare Advantage Plans. The Surency benefits for eye exams would apply to Retirees enrolled in any of the Medicare plans.



BENEFITS SUMMARY

SURENCY BENEFITS

Service or Item	Basic Plan: Network	Enhanced Plan: Network	Non Network
Eye Exams: Subject to \$50 Copayment			
Eye Exam, M.D. or O.D.	Covered in Full After Copayment	Covered in Full After Copayment	Up to \$38*
Eyeglasses: Subject to \$25 Materials Copayment			
Frame	Up to \$100 retail*	Up to \$150 retail*	Basic: Up to \$45* Enhanced: Up to \$78*
Single Vision Lenses, pair	Covered in Full After Copayment	Covered in Full After Copayment	Up to \$31*
Bifocal Lenses, pair	Covered in Full After Copayment	Covered in Full After Copayment	Up to \$51*
Trifocal Lenses, pair	Covered in Full After Copayment	Covered in Full After Copayment	Up to \$64*
Lenticular Lenses, pair	Covered in Full After Copayment	Covered in Full After Copayment	Up to \$80*
Progressive Lenses, pair	Not Covered	Covered up to \$165*	Not Covered
High Index Lenses, pair	Not Covered	Covered up to \$116 retail*	Not Covered
Polycarbonate Lenses, pair	Member pays up to \$40	Covered in Full	Not Covered
Scratch Coat	Member pays up to \$15	Covered in Full	Not Covered
UV Coat	Member pays up to \$15	Covered in Full	Not Covered
Photochromatic/ Transition Tint	Member pays up to \$75	Member pays up to \$75	Not Covered
Contact Lenses: Not Subject to Materials Copayment			
Elective/Cosmetic Retail	Covered up to \$150 retail*	Covered up to \$150 retail*	Covered up to \$105*
When Medically Necessary	Covered in Full	Covered in Full	Covered up to \$105*
Contact Lens Exam Fitting Fee: \$35 Copayment			
Standard Contacts**	Covered in Full after Copayment	Covered in Full after Copayment	Not Covered
Specialty Contacts***	10% off Retail Price, minus \$55 allowance	10% off Retail Price, minus \$55 allowance	Not Covered
Frequencies			
Eye Exam	Covered once every calendar year.		
Frames	Covered once every calendar year.		
Frame Lenses	Covered once every calendar year unless contact lenses has been elected.		
Contact Lenses	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.



BENEFITS SUMMARY

SURENCY BENEFITS - ENHANCED PLAN ONLY

Progressive Price List*	Member Cost Network (includes Lens Copay)
Standard Progressive	\$25 Copay
Premium Progressives as Follows:	
Tier 1	\$25 Copay
Tier 2	\$25 Copay
Tier 3	\$25 Copay
Tier 4	\$25 Copay; \$165 Allowance