

Clear vision and healthy eyes are critically important to general wellness. With personalized, quality eye care and eyewear options that suit your lifestyle, welcome to...

BrightVision Expanded

Powered by Superior Vision

BrightBenefits™

Log in to review benefits at any time

Visit BrightBenefits.com to register your account. Once logged in, you'll be able to review a summary of plan benefits, view and print ID cards, and find a network eye care professional.

No ID card needed

You will need your name, birthdate and member ID number (or social security number). If you do want an ID card, provide an email address when you enroll, and we can email it to you at any time. You can also view and print IDs from your account at BrightBenefits.com.

If you need assistance...

If anyone on your plan has questions about how to access their vision benefits, visit BrightBenefits.com/contact or call us at **1 (844) 549-2603** Monday - Friday 7 a.m.-8 p.m. CST and Saturday 10 a.m.-3:30 p.m. CST.

What makes this plan popular?



Large network with 110,000 points of access across the U.S.¹



Variety of in-network retail options

 Find a participating provider at brightbenefits.com.

1. BrightVision Expanded uses the Superior Vision network of providers. Access count from superiorvision.com, Oct. 2020. Products in the state of New York are underwritten by Commercial Travelers Life Insurance Company. Policy form number CVIGRP 2020. In all other states, they are underwritten by National Guardian Life Insurance Company. National Guardian Life Insurance Company is not affiliated with the Guardian Life Insurance Company of America, a/k/a The Guardian or Guardian Life. Policy form number NVIGRP 2020 or NVIGRP-SV 2019. OEBVEXP0321

BrightVision Expanded 2

Red River Parish Public Schools

Benefit	Description			Copay ¹	Frequency
Eye Exam	Focuses on your eyes, vision and wellness			\$10	Every 12 months
Prescription Glasses	Options below			\$15	-
Frame	\$150 frame allowance at network locations Plus 20% off any amount over your allowance ²			included	Every 24 months
Lenses and enhancements	Clear plastic single-vision, bifocal, trifocal or lenticular lenses Polycarbonate lenses for dependent children			included	Every 12 months
Lens upgrades ²	Scratch coat			\$15	Every 12 months
	Ultraviolet coat			\$12	
	Tinting - solid			\$15	
	Tinting - gradients			\$18	
	Polycarbonate			\$40	
	Blue light filtering			\$15	
	Digital single vision			\$30	
	Progressive Lenses (Standard / Premium / Ultra / Ultimate)			\$55 / \$110 / \$150 / \$225	
	Anti-Reflective (AR) Coating (Standard / Premium / Ultra / Ultimate)			\$50 / \$70 / \$85 / \$120	
	Polarized			\$75	
	Plastic photochromic lenses			\$80	
Prescription contacts ³ <i>(instead of glasses)</i>	High Index (1.67 / 1.74)			\$80 / \$120	Every 12 months
	Fully-covered fitting, evaluation and follow-up ⁴ or \$50 allowance for specialty contact lens fitting ⁵			\$15	
	\$150 allowance for contacts				
	Plus 20% off any amount over your allowance on conventional contacts or				
	10% off any amount over your allowance on disposables ²				
Extra member savings ²					
Complimentary Everplans subscription (worth \$75/yr.) to organize life's most important details, so they're safe and easy to get to in an emergency.					
15% off standard laser vision correction or 5% off promotional prices at LasikPlus® locations nationwide.					
Save over 40% on premium hearing aids through Your Hearing Network, plus other offers and promotions ⁵					
No more than \$39 on routine retinal imaging as an enhancement to an eye exam.					
After initial benefit use: 30% off additional exams and eyeglasses; 20% off lens options, contacts, misc. options; 10% off disposable contacts					
Out-of-network coverage ¹					
Exam - ophthalmologist	up to \$34	Single vision lenses	up to \$32	Progressive lenses	up to \$57
Exam - optometrist	up to \$26	Bifocal lenses	up to \$46	Lenticular lenses	up to \$90
Frames	up to \$77	Trifocal lenses	up to \$57	Contacts	up to \$100
Coverage			Monthly premium		
Employee			\$9.22		
Employee & family			\$22.17		

1. Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements. 2. Not insured benefits - prices listed reflect discounts, in which some network providers may not participate. 3. Visually required contacts are covered in full in-network and up to \$210 out-of-network. 4. Applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. 5. Applies to new contact wearers and/or a member who wears toric, gas permeable, or multi-focal lenses. Products vary by state. Products in the state of New York are underwritten by Commercial Travelers Life Insurance Company. Policy form number CVIGRP 2020. In all other states, they are underwritten by National Guardian Life Insurance Company. National Guardian Life Insurance Company is not affiliated with the Guardian Life Insurance Company of America, a/k/a The Guardian or Guardian Life. Policy form number NVIGRP 2020 or NVIGRP-SV 2019. OEBVEXP2RATES21