

Ultra-Vision

VISION CARE PLANS

- ◆ Examinations
- ◆ Frames
- ◆ Lenses
- ◆ Service

Choice of programs

SET Ultra-Vision Plans provide benefits for eligible expenses ranging from basic scheduled amounts up to 100% of reasonable and customary fees. Ultra-Vision plans are designed to allow the school district to tailor coverage to its specific needs.

Eligibility

Each active employee of a participating employer is eligible. Eligible dependents include (1) an employee's spouse while not divorced or legally separated from the employee; (2) each of the employee's unmarried children who is a dependent within the meaning of the Internal Revenue Code of the United States, to age 25. Coverage is provided through December 31 of the year in which the dependent becomes age 25.

Coordination of benefits provision will apply to all eligible vision claims.

Ultra-Vision

VISION CARE PLANS



School Insurance Specialists

415 W. Kalamazoo St.
Lansing, MI 48933-2079

Phone 517-482-0871
Toll-Free 1-800-292-5421
Fax 517-482-0800
www.setseg.org



School Insurance Specialists

AVAILABLE ULTRA-VISION PLANS

Benefits	Description	Basic Plan	Plan I	Plan II	Plan III*	Plan IV**	Plan V**	Plan VI
◆ Examination	A complete vision examination up to, but not exceeding:	\$16	\$32	\$48	\$64	80%	100%	\$55
◆ Regular Lenses	A single-vision prescription up to, but not exceeding: (each pair of lenses)	\$21	\$42	\$63	\$84	80%	100%	\$73
◆ Bifocal Lenses	A bifocal prescription up to, but not exceeding: (each pair of lenses)	\$24	\$48	\$72	\$96	80%	100%	\$84
◆ Trifocal Lenses	A trifocal prescription up to, but not exceeding: (each pair of lenses)	\$30	\$60	\$90	\$120	80%	100%	\$100
◆ Lenticular Lenses	A lenticular prescription up to, but not exceeding: (each pair of lenses)	\$36	\$72	\$108	\$144	80%	100%	\$124
◆ Contact Lenses	Prescribed immediately after cataract surgery or when visual acuity is not correctable to 20/70 in the better eye except by their use: Contact lenses may be chosen in lieu of the glasses available under this program; coverage will not exceed:	\$50 \$50	\$100 \$100	\$150 \$150	\$200 \$200	80% \$64	100% \$80	\$175 \$80
◆ Frames	A set of standard-type frames up to, but not exceeding: Higher frame allowances are available.	\$9	\$18	\$27	\$36	80%	100%	\$36

*Eligible vision care charges for Plan III are the actual costs charged for the above treatments or services.

**Percentage of coverage based on reasonable and customary fees. Reasonable and customary fees are determined from a compilation of reported usual vision fees charged by doctors in specific geographic and economic areas.

HOW DO I USE THIS PLAN?

1. Select the doctor of your choice and make an appointment for an examination.
2. When the vision services, including examination and/or purchase of lens/frames, are complete, you may pay the entire fee or have the doctor invoice SET. In either case, an itemized statement of services must be submitted.

The following information is required on the statement:

- a.) Name, address and Social Security number of insured.
- b.) Name of school district.
- c.) Name of patient, birth date and relationship to insured.
- d.) Date of treatment.
- e.) Itemized listing of services and charges for each service.
- f.) Doctor's name, address and telephone number.

3. For reimbursement, send the above information to:

SET SEG
415 W. Kalamazoo St.
Lansing, MI 48933
Attn: Vision Claims

Questions regarding eligibility and claims should be directed to SET SEG at 1-800-292-5421.

VISION SERVICES ARE AVAILABLE AS FOLLOWS:

Vision examination, lenses and frames: one service every 12 months. Policy year is defined as the 12-month period, July 1 through June 30.

ULTRA-VISION GROUP INSURANCE PROGRAM FOR EMPLOYEES AND DEPENDENTS

Vision Care Expense Benefits

The SET Ultra-Vision insurance plan provides benefits for expenses incurred in connection with professional vision care for persons covered under this plan.

Eligible vision care charges are the actual costs charged for the listed treatments or services to the extent that such charges are reasonable and customary for the services performed or the materials furnished.

Complete vision examination as used herein means refraction and eye examination including case history, examination for disease or pathological abnormalities of eyes and lids, ranges of clear single vision and balance and coordination of muscles for far seeing, near seeing and special working distances analysis, and professional consultation.

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This brochure contains a brief description of available plans which are described in more detail in the certificate issued to insured persons. Group Policy No. G33,002 is issued by Fortis Benefits Insurance Company, to the National Educational Services Group Insurance Trust. It contains the terms and conditions of such coverage. None of the limitations and conditions of such policy are waived or modified by reason of any omission from or description in this brochure.