



SOUTHLAND BENEFIT SOLUTIONS



To search for dental and vision providers in the Southland network, scan the QR code.



SUMMARY OF VISION PLAN

| Vision Allowances | Benefit |
|------------------------------|---------|
| Eye Exam | \$95 |
| AND | |
| Frames | \$95 |
| Lenses-Single Vision | \$100 |
| Lenses-Bifocal | \$130 |
| Lenses-Trifocal | \$180 |
| Lenses-Lenticular | \$180 |
| OR | |
| Refractive Surgery (Per Eye) | \$180 |
| OR | |
| Contacts | \$180 |

| Premium | Rate |
|---------|------|
| Single | \$12 |
| Family | \$20 |

- Examinations:** One in any plan year.
Only **one of the following** in a plan year:
- **Contacts:** One new prescription or replacement, OR
 - **Frames and Lenses:** One new or replacement frame and one new lens prescription or replacement, OR
 - **Refractive Surgery:** One surgery per eye.

SUMMARY OF DENTAL PLAN

| | Employee Only | Family Plan |
|---|---------------|-------------|
| Benefits per person per year | \$1,250 | \$1,000 |
| Deductible-Preventative & Diagnostic | \$0 | \$0 |
| Deductible-Basic & Major Services | \$0 | \$25 |
| Preventative Services-Exams, Cleanings, X-rays, Emergency Visits | 100% | 100% |
| Basic & Major Services-Fillings, Oral Surgery, Periodontics, Endodontics, Dentures, Crowns, General Anesthetics | 80% | 60% |

| Premium | Rate | Deductible |
|---------|------|------------|
| Single | \$44 | \$0 |
| Family | \$44 | \$25 |

Enrollment in either the vision or dental plan through Southland entitles the subscriber and their family to a **discounted hearing network** through TruHearing.