

Vision Plans

UNDERSTAND YOUR PLAN

Visit any doctor with your **Full Feature** plan, but save by visiting any of the 34,000 locations in the nation's largest vision network.

UNDERSTAND YOUR PLAN	Full Feature
Copay	
Exams Copay	\$ 10
Materials Copay (waived for elective contact lenses)	\$ 25
Service Frequencies	
Exams	Every 12 months
Lenses (<i>for glasses or contact lenses</i>)	Every 24 months
Frames	Every 24 months
Network discounts (cosmetic extras, glasses and contact lens professional service)	Limitless within 12 months of exam.
Network	VSP

YOUR GUARDIAN PLAN OFFERS:

Family coverage for spouse and children to age 20 (26 if full-time student).

Reduced prices An average 15% to 30% discount off an extensive list of "cosmetic extras", including special lenses and scratch-resistant coatings.

No claims submission for in-network services and supplies.

Did you know?

"Two-thirds of employees would rather trade a vacation day for eyecare benefits." – Bests Review, 2006

PLAN DETAILS**FULL FEATURE***You pay (after copay if applicable):*

	<i>In-network</i>	<i>Out-of-network</i>
Eye exams	\$0	Amount over \$46
Single Vision Lenses	\$0	Amount over \$47
Lined Bifocal Lenses	\$0	Amount over \$66
Lined Trifocal Lenses	\$0	Amount over \$85
Lenticular Lenses	\$0	Amount over \$125
Frames	80% of amount over \$120 allowance	Amount over \$47
Contact Lenses (<i>Elective</i>)	Amount over \$120 allowance	Amount over \$120 allowance
Contact Lenses (<i>Medically necessary</i>)	\$0	Amount over \$210
Contact Lenses (<i>Evaluation and fitting</i>)	15% off UCR	No discounts
Cosmetic Extras	Avg. 20-30% off retail price	No discounts
Glasses (<i>Additional pair of frames and lenses</i>)	20% off retail price	No discounts
Laser Correction Surgery Discount	Up to 25% off the usual charge or 5% off promotional price*	No discounts

This is only a partial list of vision services. Your certificate of benefits will show exactly what is covered and excluded.

** See your certificate booklet for details.*

UNDERSTANDING YOUR BENEFITS—VISION

Bifocal Lenses	Lens with two focal lengths, one for distance and one for near. Usually the distance correction is on top and the correction for near is on the bottom.
Contact Lens	A thin, bowl shaped lens worn on the surface of the eye to correct refractive error.
Contact Lenses (Elective)	Contact Lenses not required for the visual welfare of the patient. This is an optical choice over eyeglasses.
Contact Lenses (Evaluation & fitting)	Provided in addition to the routine eye exam for ensuring proper fit of contacts and evaluating vision with the contacts. Includes prescription, fitting, evaluation, modification and/or dispensing of contact lenses.
Contact Lenses (Medically necessary)	Medically necessary contacts are prescribed by a doctor as required for certain medical conditions that prevent you from wearing eyeglasses. Medically necessary contacts must be pre-approved.
Cosmetic Extras	A lens style, coating, or feature that enhances the appearance or functionality of a lens but is not required to meet the patient's visual needs. Also referred to as Cosmetic Options or Lens Coatings.
Eye Exams	Exam by an eye care practitioner, includes refractive and dilatation testing. Does not include evaluation for contact lenses.
Multifocal Lens	Eyeglass lens incorporating two or more different powers, usually three (trifocal).
In-network charges	Negotiated discounted fees charged by network providers.
Out-of-network charges	Fees charged by providers who are not part of the network. These fees are often higher than in-network charges.
Network Discounts	Discounts on non-covered services and materials that offer added value and savings to members.
PPO (Preferred Provider Organization)	Network of vision providers who have agreed to accept discounted fees from our members as payment in full.
Service frequency	Indicates when you will be eligible again for an exam or materials. These are based on the last date you received an exam or materials.
Single Vision Lens	Lens with one power, as opposed to bifocals, trifocals, quadrifocals or multifocals.

EXCLUSIONS AND LIMITATIONS:

Important Information: This policy provides vision care limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. Coverage is limited to those charges that are necessary for a routine vision examination. Co-pays apply. The plan does not pay for: orthoptics or vision training and any associated supplemental testing; medical or surgical treatment of the eye; and eye examination or corrective eyewear required by an employer as a condition of employment; replacement of lenses and frames that are furnished under this plan, which are lost or broken (except at normal intervals when services are otherwise available or a warranty exists). The plan limits benefits for blended lenses, oversized lenses, photochromic lenses, tinted lenses, progressive multifocal lenses, coated or laminated lenses, a frame that exceeds plan allowance, cosmetic lenses; U-V protected lenses and optional cosmetic processes. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract #GP-1-VSN-96-VIS et al.

Laser Correction Surgery:

- Up to 25% off the usual charge or 5% off promotional price for vision laser surgery. Members' out-of-pocket costs are limited to \$1,800 per eye for LASIK and \$1,500 per eye for PRK.
- Laser surgery is not an insured benefit. The surgery is available at a discounted fee. The covered person must pay the entire discounted fee. In addition, the laser surgery discount may not be available in all states.