

Vision Benefit Summary

Group Number: 00477208

About Your Benefits:

Eye care is a vital component of a healthy lifestyle. With vision insurance, having regular exams and purchasing contacts or glasses is simple and affordable. The coverage is inexpensive, yet the benefits can be significant! Guardian provides rich, flexible plans that allow you to safeguard your health while saving you money. Review your plan options and see why vision insurance may be a great benefit for you.

Option 1: Visit any doctor with your **Full Feature** plan, but save by visiting any of the 50,000+ locations in the nation's largest vision network.

Option 2: Significant out-of-pocket savings available with your **Full Feature** plan by visiting one of Davis Vision's network locations including retail centers such as Wal-Mart[®], JCPenney[®], Sears[®], Target[®], Sam's Club[®], Pearle[®], and Visionworks[®].

Your Vision Plan	Option 1: Full Feature		Option 2: Full Feature - Designer	
Your Network is	VSP Network Signature Plan		Davis Vision	
Your Bi-weekly premium	\$ 4.02		\$ 2.68	
You and spouse/domestic partner	\$ 6.77		\$ 4.51	
You and child(ren)	\$ 6.90		\$ 4.60	
You, spouse/domestic partner and child(ren)	\$ 10.92		\$ 7.28	
Copay				
Exams Copay	\$ 20		\$ 20	
Materials Copay (waived for non-formulary elective contact lenses)	\$ 20		\$ 20	
Sample of Covered Services	<i>You pay (after copay if applicable):</i>		<i>You pay (after copay if applicable):</i>	
	<i>In-network</i>	<i>Out-of-network</i>	<i>In-network</i>	<i>Out-of-network</i>
Eye Exams	\$0	Amount over \$46	\$0	Amount over \$50
Single Vision Lenses	\$0	Amount over \$47	\$0	Amount over \$48
Lined Bifocal Lenses	\$0	Amount over \$66	\$0	Amount over \$67
Lined Trifocal Lenses	\$0	Amount over \$85	\$0	Amount over \$86
Lenticular Lenses	\$0	Amount over \$125	\$0	Amount over \$126
Frames	80% of amount over \$120 ¹	Amount over \$47	80% of amount over \$120* ²	Amount over \$48
Contact Lenses (Elective)	Amount over \$120	Amount over \$120	N/A	N/A
Contact Lenses (Elective and conventional)	N/A	N/A	85% of amount over \$120*	Amount over \$120
Contact Lenses (Planned replacement and disposable)	N/A	N/A	85% of amount over \$120*	Amount over \$120
Contact Lenses (Medically Necessary)	\$0	Amount over \$210	\$0	Amount over \$210
Contact Lenses (Evaluation and fitting)	15% off UCR	No discounts	No discounts	No discounts
Cosmetic Extras	Avg. 30% off retail price	No discounts	Avg. 40-60% off retail price	No discounts

Your Vision Plan	Option 1: Full Feature	Option 2: Full Feature - Designer
Glasses (Additional pair of frames and lenses)	20% off retail price [^] No discounts	Courtesy discount from most providers No discounts
Laser Correction Surgery Discount	Up to 15% off the usual charge or 5% off promotional price No discounts	Up to 25% off the usual charge or 5% off promotional price No discounts
Service Frequencies		
Exams	Every 12 months	Every calendar year
Lenses (for glasses or contact lenses) ^{‡‡}	Every 12 months	Every calendar year
Frames	Every 24 months	Every two calendar years
Network discounts (cosmetic extras, glasses and contact lenses.)	Limitless within 12 months of exam.	Applies to first purchase & courtesy discount from most providers on subsequent purchases.
Dependent Age Limits (Non-Student/ Student)	20/26	20/26

Visit www.GuardianAnytime.com and click on "Find a Provider"

VSP

- ^{‡‡}Benefit includes coverage for glasses or contact lenses, not both.
- [^] For the discount to apply your purchase must be made within 12 months of the eye exam. In addition Full-Feature plans offer 30% off additional prescription glasses and nonprescription sunglasses, including lens options, if purchased on the same day as the eye exam from the same VSP doctor who provided the exam.
- Charges for an initial purchase can be used toward the material allowance. Any unused balance remaining after the initial purchase cannot be banked for future use. The only exception would be if a member purchases contact lenses from an out of network provider, members can use the balance towards additional contact lenses within the same benefit period.
- ¹Extra \$20 on select brands

Davis

- ^{‡‡}Benefit includes coverage for glasses or contact lenses, not both.
- Contact lenses from Davis Vision's Collection are available at most private practice locations with Full Feature and Materials Only plans. Contacts from the collection are covered in full including fitting and evaluation, in excess of the plan's materials copay. Elective contacts that are not part of the Collection are covered up to the plan's elective contact lens allowance and the materials copay is waived.
- ^{*}Due to lower prices available at Wal-mart and Sam's Club locations, discounts do not apply. Members will pay 100% of the amount over their allowance.
- For Davis Vision, complete eyeglasses must be purchased at one time from one provider. For example, if a member purchases only lenses, he or she cannot purchase frames later in the same benefit period. The member is not eligible for new vision materials until the next benefit period. Only charges for an initial purchase can be used toward the material allowance. Any unused balance remaining after the initial purchase cannot be banked for future use.
- ²Extra \$50 at Visionworks stores

This handout is for illustrative purposes only and is an approximation. If any discrepancies between this handout and your paycheck stub exist, your paycheck stub prevails.

Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits including access to an image of your ID Card. Your on-line account will be set up within 30 days after your plan effective date.

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-I-DAVIS-05-VIS et al. Contract #GP-I-VSN-96-VIS et al.

Laser Correction Surgery:

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.