



Summary of Benefits

Vision Benefit Summary

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|-----------------|---|----------------|--|
| Group ID: | 00488734 | Coverage Type: | Contributory |
| Group Name: | FRASER PUBLIC SCHOOLS | Class: | 0008 ALL ELIGIBLE NON-AFFILIATED EMPLOYEES |
| Waiting Period: | 1st of the month following date of hire | As of Date: | 10/21/2019 |

Plan Information

Your network is the Davis - Full Feature - Designer

Coverage Information

| | Davis - Full Feature - Designer | |
|--|--|-------------------------|
| What's the most cost-effective way to use vision benefits? | You may go to any eye doctor however, if you go to a Davis Vision network provider you will usually pay less. | |
| | In-Network | Out-Of-Network |
| Co-Pay | | |
| First service provided | Not applicable | |
| Exams | Exams \$10.00 | |
| Materials | waived for non-formulary elective contact lenses \$25.00 | |
| How often can I obtain service? | Exams: Once a year. Lenses: Once a year. Frames: Once a year. Materials: Once a year. | |
| | In-Network | Out-Of-Network |
| Eye exams | Copay applies | Amount over: \$50.00 |
| Lenses | | |

| Davis - Full Feature - Designer | | |
|--|--|---|
| What's the most cost-effective way to use vision benefits? | You may go to any eye doctor however, if you go to a Davis Vision network provider you will usually pay less. | |
| | In-Network | Out-Of-Network |
| Single vision lenses | Copay applies | Amount over: \$48.00 |
| Lined bifocal lenses | Copay applies | Amount over: \$67.00 |
| Lined trifocal lenses | Copay applies | Amount over: \$86.00 |
| Lenticular lenses | Copay applies | Amount over: \$126.00 |
| Contact Lenses | | |
| Conventional | \$65.00, 15% discount on amount over \$65.00. | Amount over: \$65.00 |
| Planned replacement and disposable | \$65.00, 15% discount on amount over \$65.00. | Amount Over \$65.00 |
| Medically necessary | Covered in full with prior approval. Copay does not apply. | Amount over: \$210.00 |
| Evaluation and fitting | 15% off professional fee ¹ | Included in Elective Contact Lens allowance |
| Frames | \$65.00, 20% discount on amount over \$65.00, except Sam's Club/Walmart. ² | Amount over: \$48.00 |
| Lens & Frame Allowance | No discounts | No discounts |
| Cosmetic Extras | No additional charge for: Oversize lens, polycarbonate for kids, polycarbonate for adults with strong prescriptions ³ , tinting. Others discounted at 20%-50% off retail price. | No discounts |
| Laser correction surgery | Up to 25% off usual and customary. | No discounts |
| Hearing | No discounts | No discounts |

Vision and General Exclusions

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;
- 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-DAVIS-05-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.

 1 If contact lenses from formulary are chosen, then evaluation and fit may be included. When contact lenses not in the Formulary are chosen and the evaluation, fit and lenses are supplied by the same vision provider at the same time, all can be applied to the elective contact lens allowance.

2 Frames from Davis Vision's Fashion, Designer, or Premier collections are covered in full in excess of the plan's materials copay. Frames from a Davis Vision network provider that are not in the collections are covered up to the plan's retail allowance in excess of the plan's materials copay.

3 Polycarbonate lenses covered in full for monocular patients and patients with prescriptions greater than or equal to +/-6.00 diopters.

This Benefit Summary is for illustrative purposes. Your benefits booklet will show exactly what is covered and/or excluded under your plan. If there is a discrepancy between this Benefit Summary and your benefit booklet, the benefit booklet prevails.

Definitions shown on this site are in summary form and are for general informational purposes. The terms of the insurance contract prevails.