

**Vision Benefit Summary**

**Group Number: 488734**

**About Your Benefits:**

These days, more and more people are making sure they have access to quality vision care. Regular eye exams not only diagnose vision problems, they provide early detection of serious health problems such as diabetes, hypertension, neurological disorders and brain tumors.

Guardian provides rich, flexible vision plans covering exams and materials – making it more affordable to keep your eyes healthy.

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®, and Pearle®.

		<b>Full Feature - Designer</b>	
<b>Network</b>		Davis Vision	
<b>Copay</b>			
Exams Copay		\$ 10	
Materials Copay (waived for non-formulary elective contact lenses)		\$ 25	
<b>Sample of Covered Services</b>		<i>You pay (after copay if applicable):</i>	
		<i>In-network</i>	<i>Out-of-network</i>
Eye Exams		\$0	Amount over \$50
Single Vision Lenses		\$0	Amount over \$48
Lined Bifocal Lenses		\$0	Amount over \$67
Lined Trifocal Lenses		\$0	Amount over \$86
Lenticular Lenses		\$0	Amount over \$126
Frames		Amount over \$65	Amount over \$48
Contact Lenses (Elective and conventional)		Amount over \$65	Amount over \$65
Contact Lenses (Planned replacement and disposable)		Amount over \$65	Amount over \$65
Contact Lenses (Medically Necessary)		\$0	Amount over \$210
Cosmetic Extras		Avg. 40-60% off retail price	No discounts
Glasses (Additional pair of frames and lenses)		Courtesy discount from most providers	No discounts
Laser Correction Surgery Discount		Up to 25% off the usual charge or 5% off promotional price	No discounts
<b>Service Frequencies</b>			
Exams		Every 12 months	
Lenses (for glasses or contact lenses)‡‡		Every 12 months	
Frames		Every 12 months	
Network discounts (cosmetic extras, glasses and contact lenses.)		Applies to first purchase & courtesy discount from most providers on subsequent purchases.	
<b>Dependent Age Limits</b>		20/26	
(Non-Student/ Student)			

‡‡Benefit includes coverage for glasses or contact lenses, not both.

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

With the Davis Vision Designer plans, frames from the Fashion or Designer collections are covered in full in excess of the plan's materials copay, if applicable. Frames from the Premier collection are covered in full in excess of a \$25 copay applied in addition to the plan's materials copay, if applicable. Frames from a 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, if applicable.

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.

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.

## Manage Your Benefits:

Enrolled members and their dependents can access helpful, secure information about their Guardian benefits at [www.guardiananytime.com](http://www.guardiananytime.com)

## Find A Vision Provider

Visit [www.GuardianAnytime.com](http://www.GuardianAnytime.com)  
Click on "Find A Provider"

## Questions?

Call the Guardian Helpline (888) 600-1600  
Call weekdays, 7:00 AM to 8:30 PM, EST. And refer to your plan number : 488734

## 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.

### Laser Correction Surgery:

Up to 25% off for vision laser 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.