

Vision

	Rate Guarantee 1 Year					

BENEFITS

All Eligible Employees	
Contribution/Participation	Voluntary, Assumes 50% of eligible employees. Vision is sold with Dental.
Dependent Age Limits	To Age 26
Network/Plan	Guardian Vision/Full Feature - B
Copay	
Split(Exams/Materials)	\$10/\$25

SERVICE FREQUENCIES

	Once Every:
Eye Exams	Calendar Year
Lenses Benefit	Calendar Year
Contact Lenses	Calendar Year
Frames	Other Calendar Year

REIMBURSEMENT SCHEDULE

	In Network (Copay)	Out Network (No Copay)
Eye Exams Benefit	\$10	\$59 max
Lenses Benefit		
Single Vision	\$25	\$30 max
Bifocal	\$25	\$50 max
Trifocal	\$25	\$65 max
Lenticular	\$25	\$100 max
Contact Lenses Benefit**		
Medically Necessary	Covered (Copay waived)	\$210 max
Elective	\$120 max (Copay waived)	\$120 max
Fitting and Evaluation	Member pays Standard: \$50; Custom: \$75	Included in the Contact Lens Allowance
Frames Benefit	\$120 retail max + 20% off balance	\$70 max

****In lieu of eyeglass lenses and/or frames**

PLAN HIGHLIGHTS

- Significant out-of-pocket savings available by visiting one of Guardian Vision's network locations including retail centers such as Walmart, JC Penney, Sears, Target, Sam's Club, Costco, Pearle, America's Best, For Eyes and Visionworks.
- Members will receive up to 45% off the provider's UCR on lens options. Oversized lenses and fashion or gradient tinting of plastic lenses are covered in full.
- Members receive a 20% discount off the amount exceeding the copay and allowance on frames purchased from a participating provider.
- Members receive up to 25% off the national average for Laser Correction Surgery.
- Members receive 30-60% off retail for Hearing services when there's no insured benefit on the plan.
- Additional discounts are not available at Costco, Walmart and Sam's Club locations.

IMPORTANT NOTES

Rates and premiums are based on the employee data submitted. Final rates and premiums are based on the plan and employee/dependent data provided on the enrollment forms. State specific requirements apply.

- The covered person must remain enrolled until the plan's next vision annual open enrollment period. Someone who waives or drops coverage can't enroll until the plan's next vision annual open enrollment period. These requirements do not apply if the vision plan is sold on a non-contributory basis or if enrollment is tied to a dental or medical plan.
- If an employee has employee/spouse vision coverage and the spouse obtains new employment and elects vision coverage with the new employer, Guardian lock-in does not apply to that spouse and the spouse is free to move with no negative impact.
- If an employee has employee/spouse vision coverage and **both** the employee and spouse elect to move over to the spouse's new employer's vision plan, again, Guardian lock-in does not apply to either spouse or employee.
- If an employee gets married and wishes to go on the new spouse's plan, the member may decline outside of open enrollment only if the member actually goes on the new spouse's plan.
- The limiting age for unmarried dependents is extended to age 30 if the dependent is a resident of Illinois and has received a release or discharge, other than a dishonorable discharge, from military service.
- We reserve the right to adjust rates if actual participation is below assumed level. See the participation table for other participation rates. We reserve the right to withdraw this proposal if actual participation is below 25%.

Please see the Summary of Plan Limitations and Exclusions that appears either on this page or the last page of this coverage.

SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS

- In order to be eligible for coverage: Employees must be legally working (a) in the United States or (b) outside the United States, for a US based employer, in a country or region approved by Guardian.
- Coverage is limited to those charges that are necessary to prevent, diagnose and treat a vision condition.

The plan does not pay for:

- Orthoptics or vision training and any associated supplemental testing.
- Eye examination or corrective eyewear required by an employer as a condition of employment.
- Medical or surgical treatment of the eye.
- Lenses and frames furnished under this plan, which are lost or broken (except when services are otherwise available).
- The plan limits benefits for blended lenses, oversized lenses, photochromic lenses, coated or laminated lenses, a frame that exceeds plan allowance, cosmetic lenses, U-V protected lenses, and optional cosmetic processes.
- Medically necessary contact lenses are covered only if needed: (1) after cataract surgery; (2) to correct extreme visual acuity problems that cannot be corrected with eyeglasses; (3) for certain conditions of Anisometropia; or (4) for Keratoconus.
- The services, exclusions and limitations listed above do not constitute a contract and are a summary only.
- GP-1-VSN-17, et al
- Guardian's Vision Insurance products are underwritten by The Guardian Life Insurance Company of America, New York, NY and will not be effective until approved by a Guardian underwriter. Please refer to certificate of coverage for full plan description; plan documents are the final arbiter of coverage.