



## Keep an eye on your vision health — and savings.

Whether you have perfect vision, or require some type of corrective lenses, preventive eye care is an important part of your overall health.

And as we go through life, having a good vision insurance plan can help you reduce the expensive costs of exams, frames, contact lenses, laser corrective surgery and more.

### Regular Eye Exams Can Detect Major Medical Problems

Research shows that regular vision exams can help identify vision issues before they become serious<sup>1</sup>. Having a vision plan can also benefit your family, and in particular your children, since problems with vision can affect their progress in school. Other conditions that can be detected with regular vision exams include:

- Diabetes
- Autoimmune diseases
- High blood pressure
- High blood pressure
- Increased stroke risk
- Excessive thyroid hormones

### Vision Insurance with Guardian

With Guardian vision coverage, you have access to an extensive network of vision specialists and medical professionals. For just a few dollars a month, you and your family can take advantage of affordable coverage that can save you time and money.

### A Plan with Real Benefits

- No ID cards needed
- Nationally recognized service providers
- Nationwide VSP Signature network
- Quick and easy claims payment
- Convenient payroll deduction

### See the Value of Healthy Vision

- Two out of three Americans are affected by vision problems.<sup>2</sup>
- 70% of adults in the U.S. experience some form of digital eye strain due to use of their electronic devices.<sup>3</sup>
- Nearly 25% of school-age children have vision problems that can impact learning.<sup>4</sup>



1. Why Are Eye Exams Important? <http://www.allaboutvision.com/eye-exam/importance.htm>, 2016. 2. The National Eye Institute, 2014. 3. Voluntary Benefits Magazine, July 2014; 4. American Optometric Association 2014. Guardian's Vision Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. 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 Department of Financial Services. Policy Form #GP-1-VSN-96-1 et al.



Primary Benefits		Plan Option 1: VSP Choice B	
Exams		\$10	
Materials		\$25	
Child Age Limit		To Age 26	
		In-Network Co-Pay	Out-of-Network Allowance
<b>EYE EXAMS</b>		Once every 12 months	
Exam		\$10	Up to \$50
<b>LENSES</b>		Once every 12 months	
Lens – Single Vision		\$25	Up to \$48
Lens – Bifocal		\$25	Up to \$67
Lens – Trifocal		\$25	Up to \$86
Lens – Lenticular		\$25	Up to \$126
<b>CONTACT LENSES</b>		Once every 12 months	
Elective Allowance <i>(in lieu of complete set of glasses)</i>		Up to \$130 for contact lens exam (fitting) and materials	Up to \$120
<b>FRAMES</b>		Once every other calendar year	
Allowance		\$130 retail maximum + 20% off balance after \$25 Co-pay	\$46 maximum After \$25 Co-pay
<b>ADDITIONAL FEATURES – VSP SIGNATURE NETWORK PROVIDERS ONLY</b>			
Members receive <ul style="list-style-type: none"> <li>• 30% off the retail price of additional pairs of glasses purchased the same day from the same provider that performed the exam</li> <li>• 20% off any additional pairs of glasses purchased within 12 months of the exam</li> <li>• 20% off the amount exceeding the copay and allowance on frames purchased</li> <li>• 15% off providers' professional services for prescription contact lenses.</li> </ul> These discounts only apply to services from an in-network provider.			

With your VSP Signature vision plans, covered members receive significant discounts on lens options, discounts will range from 35-40% off the U&C. For example, standard progressive plastic lenses will cost the member \$50 and scratch resistant coating will cost \$15. Solid tints and dyes are covered in full.

Monthly Rates	
Employee	\$7.81
Employee + Spouse	\$15.60
Employee + Child(ren)	\$17.16
Family	\$25.03





Lens Options – Member Cost	In-Network	Out-of Network
<b>Solid Tints and Dyes (Pink I and II)</b>	Included	N/A
<b>Solid Tints and Dyes (Except Pink I and II)</b>	\$13	N/A
<b>Plastic Gradient Dye</b>	\$15	N/A
<b>Photochromatic</b>	\$62-\$76	N/A
<b>Ultraviolet Coating</b>	\$14	N/A
<b>Scratch-Resistant Coating</b>	\$15	N/A
<b>Polycarbonate Lenses</b>	\$0 <sup>1</sup> /\$23-\$28 for adults	N/A
<b>Standard Anti-Reflective (AR) Coating</b>	\$37	N/A
<b>Standard Progressive Lenses</b>	\$50	Up to \$67
<b>Premium Progressives Lenses (Varilux®, etc.)</b>	\$80-\$90	
<b>Custom Progressive Lenses</b>	\$120-\$160	
<b>ADDITIONAL VSP CHOICE NETWORK FEATURES (In-Network Only)</b>		
<b>Lasik</b>	Average 15% off the provider's Usual & Customary Charges, or 5% off promotional price	
<b>Retinal Screening</b>	No more than \$39	

\*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. This document is a summary of the major features of the referenced insurance coverage. It is intended for illustrative purposes only and does not constitute a contract. The insurance plan documents, including the policy and certificate, comprise the contract for coverage. The full plan description, including the benefits and all terms, limitations and exclusions that apply will be contained in your insurance certificate. The plan documents are the final arbiter of coverage. Coverage terms may vary by state and employer-sponsored plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium deducted from your paycheck, the latter prevails.

**A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS**

VSP Vision Plan • Coverage is limited to those charges that are necessary to prevent, diagnose and treat a vision condition. • PROPOSAL MANAGER TO CONFIRM WITH UW THE NUMBER OF YEARS If the member purchases contact lenses they must wait one calendar year/two calendar years to purchase frames. • Members cannot bank unused allowance amounts for future use, they must use their allowance during the same office visit. • 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 ◦ 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. • Please refer to certificate of coverage for full plan description; plan documents are the final arbiter of coverage. • GP-1-VSN-96-VIS

