



## Voluntary Vision Coverage (Guardian – Davis Network)

Vision benefits are provided to you to cover lenses, frames, contacts and routine care such as exams. This is a voluntary benefit plan.

| Guardian – Davis Network Vision Plan Summary of Benefits |  |                      |
|--|--|----------------------|
| Benefit Features   | Provider Benefit                           | Non-Provider Benefit |
| Annual Eye Exam Copay                                    | \$10                                       | \$50                 |
| Materials Copay  | \$25                                       |                      |
| <b>Lenses (per pair)</b>                                 |  |                      |
| Single Vision  | Paid in full after copay                   | Up to \$48           |
| Bifocal  | Paid in full after copay                   | Up to \$67           |
| Trifocal   | Paid in full after copay                   | Up to \$86           |
| Lenticular   | Paid in full after copay                   | Up to \$126          |
| <b>Contacts</b>  |  |                      |
| Fit & Follow-Up Exams                                    | Copay Waived                               | No Benefit           |
| Elective   | Up to \$130                                | Up to \$105          |
| <b>Frames</b>  | Up to \$130 + 20% off balance              | Up to \$48           |
| <b>Frequencies (months)</b>                              | 12/12/24 <i>(based on date of service)</i> |                      |
| <b>Payroll Deductions</b>                                | <b>Monthly</b>                             | <b>Bi-Weekly</b>     |
| Employee   | \$7.22                                     | \$3.61               |
| Family   | \$15.53                                    | \$7.77               |

To find In-Network vision providers with Guardian, log onto [www.guardiananytime.com](http://www.guardiananytime.com) and/or contact by phone at 1-888-600-1600. There are benefits available to members using out-of-network providers. However, as you can see from the plan outline above there is less coverage when using non-network providers which will increase the out-of-pocket costs to members.



Have questions? Visit [www.guardiananytime.com](http://www.guardiananytime.com) or call 1-888-600-1600.

**Vision Benefit Summary**

**Group Number:** 00518322

**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.

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>Your Vision Plan</b>  | <b>Full Feature - Designer</b>   |                       |
|--|--|-----------------------|
| <b>Your Network is</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   | 80% of amount over \$130*  | Amount over \$48      |
| Contact Lenses (Elective and conventional)                         | 85% of amount over \$130*  | Amount over \$105     |
| Contact Lenses (Planned replacement and disposable)                | 85% of amount over \$130*  | Amount over \$105     |
| 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 calendar year  |                       |
| Lenses (for glasses or contact lenses)‡‡                           | Every calendar year  |                       |
| Frames   | Every two calendar years   |                       |
| 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>  | 26   |                       |

‡‡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.

*\*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.*

## Manage Your Benefits:

Go to [www.GuardianAnytime.com](http://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.

## Find A Vision Provider

Visit [www.GuardianAnytime.com](http://www.GuardianAnytime.com)  
Click on "Find A Provider"; You will need to know your plan and vision network, which can be found on the first page of your vision benefit summary.

## Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00518322.

**Please call the Guardian Helpline if you need to use your benefits within 30 days of 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.

### 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.

# Members Save on Eyewear Enhancements through Davis Vision Network Discounts

| DESIGNER PLAN  |             |
|--|-------------|
| SPECTACLE LENSES   | MEMBER COST |
| All ranges of prescriptions (single vision, bifocal, trifocal) | Included    |
| Oversize lenses  | Included    |
| Fashion or gradient tinting of plastic lenses                  | Included    |
| Coating - Scratch Resistant                                    | \$20        |
| Coating - Ultraviolet  | \$12        |
| Polycarbonate Lenses   | \$30*       |
| Progressive Lenses -Standard                                   | \$50        |
| Progressive Lenses - Premium (Varilux™, etc.)                  | \$90        |
| Ultra/Digital Progressives Lens                                | \$140       |
| Coating - Standard Anti-Reflective                             | \$35        |
| Coating - Premium Anti-Reflective                              | \$48        |
| Hi-Index Lenses  | \$55        |
| Plastic Photosensitive Lenses                                  | \$65        |
| Polarized Lenses   | \$75        |
| One-Year Eyeglass Breakage Warranty                            | Included    |

For standard eyeglass lenses, you will receive the lower of the Davis Vision discounted charge or the Walmart or Sam's Club everyday low price.

\*Polycarbonate lenses covered-in-full for monocular patients and patients with prescriptions 6.00 diopters or greater.

Prices are subject to change.

Visit [www.GuardianLife.com](http://www.GuardianLife.com)  
or contact member services at  
**877.393.7363** for more information.



**GUARDIAN**<sup>®</sup>  
The Guardian Life Insurance Company of America,  
7 Hanover Square,  
New York, NY 10004

# THE CONTACT LENS COLLECTION



The Davis Vision Contact Lens Collection\* is available to you at most of our in-network provider locations and is covered in full following a basic copayment, if applicable. Your contact lens evaluation and fittings are included at no additional charge when Collection contacts are prescribed.

| TYPE  |                     | BRAND                          | MANUFACTURER  |
|---|---------------------|--------------------------------|---------------|
| <b>Planned Replacement</b><br><b>Includes 2 boxes,</b><br>Depending upon plan design<br>(Provides up to 6 or 12 month supply, depending upon the provider-recommended wearing schedule) | Planned Replacement | Biofinity®                     | CooperVision® |
|   | Planned Replacement | Frequency® Aspheric            | CooperVision® |
| <b>Disposable</b><br><b>Includes 4 boxes,</b><br>Depending upon plan design<br>(Provides up to 6 or 12 month supply, depending upon the provider-recommended wearing schedule)          | 2-Week              | ACUVUE® 2                      | Vistakon®     |
|   | 2-Week              | ACUVUE® OASYS®                 | Vistakon®     |
|   | 2-Week              | Biomedics® 55 Premiere         | CooperVision® |
|   | Daily               | ClearSight™ 1-Day              | CooperVision® |
|   | Daily               | 1-Day ACUVUE MOIST®            | Vistakon®     |
|   | Toric (2-Week)      | ACUVUE® OASYS® for ASTIGMATISM | Vistakon®     |
|   | Toric (2-Week)      | Biomedics® Toric               | CooperVision® |
|   | Medical (2-Week)    | ACUVUE® OASYS® for PRESBYOPIA  | Vistakon®     |



**GUARDIAN®**

The Guardian Life Insurance Company of America, 7 Hanover Square, New York, NY 10004

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**DAVIS VISION**  
EYECARE REFRAMED<sup>SM</sup>

1 (800) 328-4728  
DVTV.DAVISVISION.COM

\*Collection is subject to change

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