

Vision

RATES

All Eligible Employees	Employee	Employee & Spouse	Employee & Child(ren)	Full Family		
Monthly Rate	\$5.42	\$12.03	\$10.30	\$16.97		

BENEFITS

All Eligible Employees	
Contribution/Participation	Voluntary
Dependent Age Limits	To Age 26
Network/Plan	VSP/Full Feature - Signature Plan B
Copay	
Split(Exams/Materials)	\$10/\$25

SERVICE FREQUENCIES

	Once Every:
Eye Exams	12 Months
Lenses Benefit	12 Months
Contact Lenses	12 Months
Frames	24 Months

REIMBURSEMENT SCHEDULE

	In Network (Copay)	Out Network (After Copay)
Eye Exams Benefit	\$10	\$46 max
Lenses Benefit		
Single Vision	\$25	\$47 max
Bifocal	\$25	\$66 max
Trifocal	\$25	\$85 max
Lenticular	\$25	\$125 max
Contact Lenses Benefit**		
Medically Necessary	Covered after copay	\$210 max
Elective	\$120 max (Copay waived)	\$120 max (Copay waived)
Frames Benefit	\$120 retail max + 20% off balance	\$47 max

**In lieu of complete set of glasses

PLAN HIGHLIGHTS

- Guardian's affiliation with Vision Service Plan (VSP) offers one of the largest vision care networks in the industry with over 50,000 provider locations nationwide. On average 95% of members use an in-network provider. Just visit GuardianLife.com and select 'Find a Provider'.
- The full-feature plan in-network frame allowance covers in full more than 16,000 of the most popular and contemporary frames on the market.
- Members who use a VSP network laser surgeon may save an average of 15%, or 5% off the best promotional price, whichever is the better deal!
- With our Signature plans, members will 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.
- Signature plans offer 30% off the retail price of additional pairs of glasses purchased the same day from the same provider that performed the exam. Members also receive 20% off any additional pairs of glasses purchased within 12 months of the exam. In addition, members receive 20% off the amount exceeding the copay and allowance on frames purchased as well as 15% off providers' professional services for prescription contact lenses. These discounts only apply to services from an in-network provider.

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.
- We reserve the right to adjust rates if actual participation is below assumed level. 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

- Coverage is limited to those charges that are necessary to prevent, diagnose and treat a vision condition.
- For a last date of service plan A or B, if a member purchases contact lenses they must wait 24 months 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.
- GP-1-VSN-96-1 et al.