



Your vision coverage

Option I: Significant out-of-pocket savings available with your **Full Feature** plan by visiting one of Avesis's network locations including retail centers such as Wal-Mart®, JCPenney®, Target®, Sam's Club®, Costco®, Pearle®, America's Best®, For Eyes® and Visionworks®.

Your Vision Plan	Full Feature	
Your Network is	Avesis	
Copay		
Exams Copay	\$ 0	
Materials Copay (waived for elective contact lenses)	\$ 25	
Sample of Covered Services		<i>You Pay:</i>
	<i>In-network</i>	<i>Out-of-network</i>
Eye Exams	\$0	Amount over \$59
Single Vision Lenses	\$0	Amount over \$30
Lined Bifocal Lenses	\$0	Amount over \$50
Lined Trifocal Lenses	\$0	Amount over \$65
Lenticular Lenses	\$0	Amount over \$100
Frames	80% of amount over \$130	Amount over \$70
Contact Lenses (Elective)	Amount over \$130	Amount over \$120
Contact Lenses (Medically Necessary)	\$0	Amount over \$210
Contact Lenses (Evaluation and fitting)	Standard \$50; Custom \$75	No discounts
Cosmetic Extras	Up to 45% off providers UCR	No discounts
Glasses (Additional pair of frames and lenses)	Courtesy discount from most providers up to 20% off providers UCR	No discounts
Laser Correction Surgery Discount	Up to 25% off the national average	No discounts
Hearing	Savings of 30-60%	No discounts
Service Frequencies		
Exams	Every calendar year	
Lenses (for glasses or contact lenses)‡‡	Every calendar year	
Frames	Every calendar year	
Network discounts (glasses and contact lens professional service)	Courtesy discounts from most providers up to 20% off providers UCR	
Dependent Age Limits	26	
	Visit www.Guardianlife.com and click on "Find a Provider"	

Avesis

- Covered in full lens options (In Network Only): Scratch Resistant Coating
- ‡‡Benefit includes coverage for glasses or contact lenses, not both.
- The contact lens allowance is applied to the cost of the contacts and the fitting and evaluation when the member utilizes an OON provider.
- 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.



Your vision coverage

- Due to lower prices being available at Walmart, Sam's Club and Costco locations, the discounts do not apply.
- Not all Pearle Vision stores are participating in network locations. Not all doctors in the retail locations are in network. Some retail locations are materials only and do not offer exams. See the directory and contact the location to ensure participation.

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. See Contract Booklet for Details

Laser Correction Surgery:

The Covered person receives up to 25 % of the national average for 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.

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. 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. Plan documents are the final arbiter of coverage.
Policy Form # GP-I-GVSN-17