



## SUMMARY OF VISION BENEFITS

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Guardian's vision plan allows you to visit any eye doctor you wish. However, you save significantly on out-of-pocket costs when network providers are used. There's more, you will receive substantial coverage for annual eye exams and discounts on eyewear and contact lens professional services every 12 months.

### LARGEST QUALITY NETWORK

Our affiliation with Vision Service Plan (VSP) gives members access to approximately 33,000 provider locations nationwide. All network professionals, includes licensed optometrist or ophthalmologist, are committed to delivering consistent and quality service.

#### ***You can find a VSP provider near you by:***

1. Calling VSP Customer Service at (800) 877-7195
2. Looking up a VSP Provider on the Internet at [www.vsp.com](http://www.vsp.com)
3. Requesting a provider directory from VSP by calling (800) 877-7195

### COVERED SERVICES & VALUE ADDED DISCOUNTS

#### **Eye Exams:**

- ◆ \$10.00 copay, covered in full thereafter

#### **Glasses:**

- ◆ 20% off lenses, frames and the industry's most extensive list of "cosmetic extras", including tints, special lenses (e.g. progressives) and scratch resistant coatings.
- ◆ 20% off the retail price of additional glasses after initial pair is purchased.\*

#### **Contact Lenses and Professional Services**

- ◆ 15% off of the network doctor's evaluation and fitting services.
- ◆ 20-25% off laser vision correction, or 5% off the laser surgery center's best promotional price, whichever is a better deal!\*\*

*You should call the VSP provider to schedule an appointment. When calling to schedule the appointment, identify yourself as a VSP/Guardian member and give the insured's Social Security Number. Before you go for the appointment, the provider will contact VSP to verify eligibility and coverage. You must go for services and materials within 60 days of VSP authorization.*

\*The claimant must go within 12 months to the same VSP doctor who provided the exam.

\*\*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. Member's out-of-pocket costs won't exceed \$1,800 per eye for LASIK and \$1,500 per eye for PRK.

Important Information: This policy provides 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 to prevent, diagnose and treat a vision condition. Copays apply. The plan does not pay for: orthoptics or vision training and any associated supplemental testing; medical or surgical treatment of the eye; any eye examination or corrective eyewear required by an employer as a condition of employment; lenses and frames that are furnished under this plan, which are lost or broken (except at normal intervals when services are otherwise available). The plan limits benefits for blended lenses, oversized lenses, photochromic lenses, tinted lenses, progressive multi-focal 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 final arbiter of coverage. Contract #GP-1-VSN-96-1 et al.