VISION COVERAGE

GUARDIAN

Driving to work, reading a news article, and watching TV are all activities you likely perform every day. Your ability to do these activities depends on your vision and eye health. Vision insurance can help maintain your vision as well as detect other health problems. Staxmatic's vision insurance entitles you to specific eye care benefits. Our policy covers routine eye exams, other procedures and provides specified dollar amounts for the purchase of eyeglasses or contact lenses. For a complete list of your in-network and out-of-network benefits, please refer to your Vision Insurance Summary Plan Description.

BENEFITS AT-A-GLANCE

VISION COVERAGE HIGHLIGHTS	In-Network	Out-of-Network
Exam Once every Calendar year	$10 Copay	$45 max allowance
Materials Once every Calendar year	$25 Copay	N/A
Lenses Once every Calendar year	$25 Copay	Single Vision: $30 max Bifocal: Up to $50 max Trifocal: Up to $65 max Lenticular: Up to $100 max
Elective Contact Lenses Once every Calendar year	$200 Allowance (copay waived)	$105 allowance (copay waived)
Medically Necessary Contact Lenses Once every Calendar year	Covered 100%	Up to $210
Frames Once every Calendar year	$200 max plus 20% off balance	$70 max allowance

*Contact lenses are covered in place of spectacle lens and frame benefits.

Vision insurance

Vision insurance helps protect the health of your eyes by providing coverage for benefits that often aren't covered by regular medical insurance.

Protecting your eyesight means allowing for routine visits to the optometrist for eye exams, as well as coverage for glasses and contacts. Make sure your eyes remain in great shape at any age – no matter how much time you spend staring at digital screens.

Who is it for?

Even if you have perfect eyesight, it's important to have regular eye exams to make sure you're still seeing clearly. Most of us may eventually need vision correction, which is why we offer vision insurance to cover some of the costs.

What does it cover?

Vision insurance covers benefits not typically included in medical insurance plans. It covers things like routine eye exams, allowances towards the purchase of eyeglasses and contact lenses, as well as discounts on corrective Lasik surgery.

Why should I consider it?

Regular eye exams can detect more than failing eyesight, they can also pick up diseases like glaucoma and diabetes. Vision problems are one of the most prevalent disabilities in the United States, making vision insurance especially useful for anyone who regularly needs to purchase eyeglasses or contacts, or anyone who simply wants to help protect their eyesight and general health.

You will receive these benefits if you meet the conditions listed in the policy.

20/20 coverage

David notices that his vision is deteriorating. He goes in for an eye exam, and is diagnosed with myopia, which means he needs glasses.

Average cost of vision exam: **$171**

Average cost of frames and lenses: **$350**

Total cost: **$521**

With a Vision policy from Guardian, David pays just **$10** for his eye exam. After **$25** in copay, his lenses are fully covered, and he pays **$96** for his frames.

David's total out-of-pocket expense is **$131**, saving him **$390**.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.

Your vision coverage

Option 1: Significant out-of-pocket savings available with your **Full Feature** plan by visiting one of VSP's network locations, including one of the largest private practice provider networks, Visionworks and contracted Pearle Vision locations.

Copay

Exams Copay	$ 10
Materials Copay *(waived for elective contact lenses)*	$ 25

Sample of Covered Services

You pay (after copay if applicable):

	In-network	Out-of-network
Eye Exams	$0	Amount over $39
Single Vision Lenses	$0	Amount over $23
Lined Bifocal Lenses	$0	Amount over $37
Lined Trifocal Lenses	$0	Amount over $49
Lenticular Lenses	$0	Amount over $64
Frames	80% of amount over $200[1]	Amount over $46
Costco, Walmart and Sam's Club Frame Allowance	Amount over $110	
Contact Lenses *(Elective)*	Amount over $200	Amount over $100
Contact Lenses *(Medically Necessary)*	$0	Amount over $210
Contact Lenses *(Evaluation and fitting)*	15% off UCR	No discounts
Cosmetic Extras	Avg. 20-25% off retail price	No discounts
Glasses *(Additional pair of frames and lenses)*	20% off retail price**	No discounts
Laser Correction Surgery Discount	Up to 15% off the usual charge or 5% off promotional price	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)*	Limitless within 12 months of exam.

Dependent Age Limits

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To Find a Provider:	Register at VSP.com to find a participating provider.

VSP

- ‡‡Benefit includes coverage for glasses or contact lenses, not both.
- ** For the discount to apply your purchase must be made within 12 months of the eye exam.

Your vision coverage

- 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. The only exception would be if a member purchases contact lenses from an out of network provider, members can use the balance towards additional contact lenses within the same benefit period.

- [1]Extra $20 on select brands

- Members can use their in network benefits on line at Eyeconic.com.

- In Network Routine Retinal Screening Covered after no more than a $39 copay.

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-1-VSN-96-VIS et al.

Laser Correction Surgery:

Discounts on average of 10-20% off usual and customary charge or 5% off promotional price for vision laser Surgery. Members out-of-pocket costs are limited to $1,800 per eye for LASIK or $1,500 per eye for PRK or $2300 per eye for Custom LASIK, Custom PRK, or Bladeless LASIK.

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.

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