



GUARDIAN™

VISION PLAN SUMMARY

Frequency of Service

Exam

Every 12 Months

Materials:

Lenses	Every 12 months
Frames	Every 24 months
	<u>Contact Lenses Every 12 months (in lieu of frames & lenses)</u>
Exam	\$10
Materials	\$25

In Network

Out Of Network

<u>Eye Exam</u>	<u>covered in full</u>	<u>up to \$46.00</u>
<u>Single Vision Lenses</u>	<u>covered in full</u>	<u>up to \$47.00</u>
<u>Bifocal Lenses</u>	<u>covered in full</u>	<u>up to \$66.00</u>
<u>Trifocal Lenses</u>	<u>covered in full</u>	<u>up to \$85.00</u>
<u>Lenticular Lenses</u>	<u>covered in full</u>	<u>up to \$125.00</u>
<u>Frames</u>	<u>covered in full ***</u>	<u>up to \$47.00</u>
Contact Lenses		
<u>Medically Necessary</u>	<u>covered in full</u>	<u>up to \$210.00</u>
<u>Elective</u>	<u>\$105.00 ****</u>	<u>up to \$105.00 ****</u>
<u>Laser Surgery</u>	<u>discounts available</u>	<u>discounts available</u>

**The Out-of-Network benefit schedule shown applies for the state of Michigan. In some states, coverage may be higher or lower.

***Approximately 13,000 frames are covered in full. All others are offered to patients at discounted cost based on wholesale price.

****Copay is waived for elective contact lenses.

To find a network doctor, call VSP at 1-800-VSP-7195. Your doctor will verify benefits using your social security number through this phone number. You can also access the provider directory at www.vsp.com.

Questions and Answers

Guardian's Voluntary VisionGuard Program (Full-Feature Plan)

What is Voluntary Vision Insurance?

An opportunity to help protect and care for your eyesight — and your family's — at affordable group rates. You pay plan premiums through convenient payroll deductions.

How do I find a network doctor?

Simply call the VSP customer service line or access the VSP provider listing on-line. Details on how to find a network doctor are explained in the enclosed "How VisionGuard Works" brochure.

What are the advantages to going to a network doctor?

You will usually save on out-of-pocket expenses, plus you will be eligible for discounts on cosmetic extras for lenses, additional pairs of glasses and doctors' contact lens professional services. What's more, Vision Service Plan (VSP) network doctors have been carefully selected and are committed to providing patients with high-quality care.

What is co-pay?

Typically, each covered individual is responsible for a set contribution towards their vision services. This is represented as a single co-pay *or* split co-pays. Your plan's co-pay(s) is shown in the enclosed "Benefit and Cost Summary". A single co-pay applies to the first service provided, whether it be for an exam or materials. With split co-pays, there is separate co-pay for exams and materials. Co-pays are always waived for elective contact lenses.

What is meant by "service frequency"?

Service frequencies indicate when you will be eligible again for an exam or materials. These are based on the last date you received an exam or materials. When you are choosing eyewear, you can select either glasses *or* contacts. You will not receive coverage for both at the same time. Your plan's specific service frequencies are reflected in the enclosed "Benefit and Cost Summary".

Is there any limit to how many times I can take advantage of network discounts?

No. VSP providers' discounts on cosmetic extras, additional glasses and contact lens services can be used as many times as you'd like, anytime during the 12 month period following your covered eye exam. To obtain the discounts, however, you must return to the same provider who performed the initial exam.

Although many network frames are covered in full, what if I prefer a style that isn't?

When you visit a network provider, your plan's \$115 retail frame allowance will cover most frames in full. If you select a frame which costs more than \$115, the plan will cover 20% of the amount above the allowance. You must pay the rest. Note that non-network frame benefits are limited to a separate allowance.



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The Guardian Life Insurance Company of America, New York, NY

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Questions and Answers

What is the Schedule of Benefit Allowances?

This applies to care and materials provided by non-network doctors. When non-network doctors are used, the plan pays benefits based on a set dollar amount. These amounts are listed below.

The patient is responsible for any costs above the scheduled benefit amount, as well as any applicable co-pay(s).

<u>Materials</u>	<u>Benefit Allowance</u>
Eye Exams	\$46
Single Vision Lenses	\$47
Bifocal Lenses	\$66
Trifocal Lenses	\$85
Lenticular Lenses	\$125
Frames	\$47
Necessary Contact Lenses	\$210
Elective Contact Lenses	\$105

Am I entitled to the same benefits for elective contact lenses as medically necessary contact lenses?

The plan provides generous benefits towards both medically necessary and elective contact lenses regardless if you visit a network or non-network doctor. All medically necessary contact benefits, however, require pre-authorization from VSP. In most cases, medically necessary contacts are prescribed by a network doctor are covered in full. If prescribed by a non-network doctor, benefits are based on The Schedule of Benefit Allowances. Elective contact lenses prescribed by either a network or non-network doctor are covered up to \$105 (includes contact lens materials and professional services).

When I visit a doctor, are there any claim forms to fill out?

No claim forms are needed for either network or non-network care, although evidence of payment is required for non-network benefits. Please refer to the enclosed "How VisionGuard Works" brochure for details.

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 to prevent, diagnose and treat a vision condition. 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; 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 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.
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