

Vision Benefit Summary

Group Number: 00555701

About Your Benefits:

Eye care is a vital component of a healthy lifestyle. With vision insurance, having regular exams and purchasing contacts or glasses is simple and affordable. The coverage is inexpensive, yet the benefits can be significant! Guardian provides rich, flexible plans that allow you to safeguard your health while saving you money. Review your plan options and see why vision insurance may be a great benefit for you.

Visit any doctor with your **Full Feature** plan, but save by visiting any of the 50,000+ locations in the nation's largest vision network, including Costco Optical, Visionworks, Clarkson Eyecare, Shopko Eyecare Center, Visioncare Associates, Rxoptical and more.

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| Your Vision Plan | Full Feature | |
| Your Network is | VSP Choice Network | |
| Copay | | |
| Exams Copay | \$ 10 | |
| Materials Copay <i>(waived for elective contact lenses)</i> | \$ 25 | |
| Sample of Covered Services | <i>You pay (after copay if applicable):</i> | |
| | <i>In-network</i> | <i>Out-of-network</i> |
| 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 \$130 ¹ | Amount over \$46 |
| Costco Frame Allowance | Amount over \$70 | |
| Contact Lenses <i>(Elective)</i> | Amount over \$130 | Amount over \$100 |
| Contact Lenses <i>(Medically Necessary)</i> | \$0 | Amount over \$210 |
| Contact Lenses <i>(Evaluation and fitting)</i> | Up to \$60 | Not Applicable |
| Cosmetic Extras | Avg. 20-25% off retail price | No discounts |
| Glasses <i>(Additional pair of frames and lenses)</i> | 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 <i>(for glasses or contact lenses)</i> ^{‡‡} | Every calendar year | |
| Frames | Every calendar year | |
| Network discounts <i>(glasses and contact lens professional service)</i> | Limitless within 12 months of exam. | |
| Dependent Age Limits | 26 | |
| 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.
 - 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.
 - ¹Extra \$20 on select brands

This document is a summary of the major features of the referenced insurance coverage. It is intended for illustrative purposes only and does not constitute a contract. The insurance plan documents, including the policy and certificate, comprise the contract for coverage. The full plan description, including the benefits and all terms, limitations and exclusions that apply will be contained in your insurance certificate. The plan documents are the final arbiter of coverage. Coverage terms may vary by state and actual sold plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium actually billed, the latter prevails.

Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits including access to an image of your ID Card. Your on-line account will be set up within 30 days after your plan effective date.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00555701.

Please call the Guardian Helpline if you need to use your benefits within 30 days of plan effective date. Please note, self-serve options over the phone or online at Guardian Anytime are not available until the case is fully implemented, please wait to speak to a live agent when calling the Guardian Helpline.

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.