

Vision Plan Details



Guardian EM Vision 9: CA

| Coverage Details | |
|-------------------------------|-----------|
| Deductible | \$0 |
| Annual Maximum Benefit | \$0 |
| Exam Copay | \$10 |
| Exam Frequency | 12 months |
| Glasses Copay | \$20 |
| Frames Allowance ¹ | \$150 |
| Frames Frequency | 12 months |
| Contact Lenses Allowance | \$150 |
| Contact Lenses Frequency | 12 months |

[View Details \(PDF\)](#)

 After deductible is met.

¹ for over \$150

Company Contribution

Your company contributes separately to employees' and dependents' premiums.

- **Employee:** Employee pays for the whole premium.
- **Dependents:** Employee pays for the whole premium.