



Guardian Vision Comprehensive Plan

Copay (Exams / Materials): \$10/\$25

Service Frequencies

Eye Exam: Every 12 Months

New Frames: Every 12 Months

New Lenses (includes contacts): Every 12 Months

Details	In Network (Copay)	Out of Network (Before Copay)
Eye Exam Benefit	\$10	\$39 max
Lenses Benefit		
Single Vision Lenses Benefit	\$25	\$23 max
Bifocal Lenses Benefit	\$25	\$37 max
Trifocal Lenses Benefit	\$25	\$49 max
Lenticular Lenses Benefit	\$25	\$64 max
Contact Lenses Benefit (in lieu of eyeglass lenses and/or frames)		
Contact Lenses Medically Necessary	Covered after Copay	\$210 max
Contact Lenses Elective Materials	\$150 max (Copay waived)	\$100 max (Copay waived)
Contact Lenses Elective Fitting & Evaluation	Member pays up to \$60. 15% discount on the fee.	Included in contact lens allowance.
Frames Benefit		
Frames	\$130 retail max + 20% off balance	\$46 max
Costco, Walmart, Sam's Club Frame	\$80 retail max	Not covered
Dependent Age Limits: To Age 26		
Waiting Periods: None		
Network: VSP		

Summary of Plan Limitations & Exclusions

Guardian Group Vision (VSP)

In order to be eligible for coverage: employees must be legally working (a) in the United States or (b) outside of the United States, for a US based employer, in a country or region approved by Guardian.

Coverage is limited to those charges that are necessary to prevent, diagnose and treat a vision condition.

Members who use a VSP contracted laser center may save an average of 10% to 20% off, or 5% off a promotional offer on PRK, LASIK, Custom LASIK, Custom PRK and Bladeless LASIK

In network benefits can be used online at eyeconic.com

This plan does not pay for:

- Orthoptics or vision training and any associated supplemental testing.
- Medical or surgical treatment of the eye.
- Eye examination or corrective eyewear required by an employer as a condition of employment.
- Lenses and frames furnished under this plan, which are lost or broken (except when services are otherwise available)
- The plan limits benefits for blended lenses, oversized lenses, photochromic lenses, coated or laminated lenses, a frame that exceeds plan allowance, cosmetic lenses, U-V protected lenses, and optional cosmetic processes.
- Medically necessary contact lenses are covered only if needed: (1) after cataract surgery; (2) to correct extreme visual acuity problems that cannot be corrected with eyeglasses; (3) for certain conditions of Anisometropia; or (4) for Keratoconus.
- The services, exclusions and limitations listed above do not constitute a contract and are a summary only.
- Guardian Vision Insurance is underwritten by The Guardian Life Insurance Company of America, New York, NY and will not be effective until approved by a Guardian underwriter. Please refer to certificate of coverage for full plan description; plan documents are the final arbiter of coverage.
- GP-1-VSN-96-1 et al.

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 Guardian Life Insurance Company of America
New York, NY

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-96-1 et al.

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 Guardian Life Insurance Company of America, New York, NY 10004. Guardian® is a registered trademark of The Guardian Life Insurance Company of America. ©Copyright 2021 The Guardian Life Insurance Company of America. 2021-125945