HealthPass℠ BENEFITS EXCHANGE

Guardian VisionGuard

VisionGuard Rates (PPO)

	Four Tier
Employee	$6.12
Employee/Spouse	$10.00
Employee/Child(ren)	$10.16
Family	$15.52

About VisionGuard

Regular eye exams can detect diseases like glaucoma, diabetes, and other possible causes of blindness in their early stages. Guardian VisionGuard provides access to the Davis Vision network. Exams and materials are covered, and members can visit any doctor they wish, using both In and Out-of-Network benefits, although members can save significantly by using an In-Network provider.

Network Discounts - Generous network discounts include up to 25% off laser vision correction, discounts on additional glasses, and cosmetic enhancements such as tints, special lenses, and scratch resistant coating.

Contact Lens Benefits - Contact lens benefits allow members to choose contact lenses instead of eyeglasses. A contact lens allowance counts toward contact lenses and the contact lens exam (fitting and evaluation).

Benefits and Lens Upgrades - Optional benefit and lens upgrades are available, including lens tinting, progressive lenses, anti-reflective coating, polycarbonate lenses, safety glasses, and additional glasses.

Vision coverage can only be elected by a group enrolling in HealthPass medical coverage.
The following billing and administrative fees apply to the Guardian VisionGuard: Vision: $1.50, EE/Spouse $2.25, EE+Child(ren) $2.25, Family $3.00
Rates are subject to final verification at the time of enrollment. Domestic Partner coverage is included with all carriers.
Rates for Domestic Partners are the same rates for Employee/Spouse and Family.
This is a summary of plan information. Please refer to the Eligibility Guidelines for further information

VisionGuard Features

Benefits	In-Network	Out-of-Network
Copay	$10.00 Exam $25.00 Materials	$10.00 Exam $25.00 Materials
Eye Exam: Every 12 Months	Covered in full after copay	$50 max after copay
Lenses Frequency: Every 24 Months Single Vision Lined Bifocal Lined Trifocal Lenticular	 Covered in full after copay Covered in full after copay Covered in full after copay Covered in full after copay	 $48.00 max after copay $67.00 max after copay $86.00 max after copay $126.00 max after copay
Contact Lenses* Frequency: Every 24 months Medically Necessary Elective	Covered in full after copay From formulary, $25 copay Not from formulary max Guardian will pay $130**	$210 max after copay $105 max**
Frames Frequency: Every 24 months	$130 retail allowance after copay*	$48 max after copay

* If you choose contact lenses, you will not be eligible to receive lenses for 24 months and a frame for 24 months following the date contacts were obtained.
* Frames from Davis' Fashion or Designer collections are covered in full in excess of this plan's materials copay. Frames from Davis' Premier collection are covered in full in excess of $25 copay applied in addition to the plan's materials copay. Frames from a Davis network provider that are not in the collections are covered up to the plan's retail allowance in excess of the plan's materials copay.
**In-Network elective contact lenses from Davis Vision's formulary are covered in full in excess of the copay. In-Network elective contact lenses that are not part of the formulary are covered up to the elective contact allowance and the copay is waived.

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: orthopedics 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 cosmetics processes. The services, exclusions and limitations listed above to not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage.

This handout is for illustrative purposes. You will receive benefit booklets when your enrollment application is processed. If there is a discrepancy between this handout an your benefit booklet, the benefit booklet prevails.