

## Vision

## RATES

## Plan #3

All Eligible Employees	Employee	Employee & Spouse	Employee & Child(ren)	Full Family	Monthly Premium	Annual Premium
Monthly Rate	\$6.85	\$11.53	\$11.75	\$18.60	\$41.10	\$493.20
Census	6	0	0	0		
Rate Guarantee	1 Year					

**Proposal Assumptions:**

- Guardian requires a minimum of \$1,000 in annualized premium to write a group.

## BENEFITS

## All Eligible Employees

Contribution/Participation	Voluntary, Assumes 67% of eligible employees. Vision is sold with Dental.
Dependent Age Limits	To Age 26
Network/Plan	VSP/Full Feature - Choice B
Copay	
Split(Exams/Materials)	\$10/\$25

## SERVICE FREQUENCIES

## Once Every:

Eye Exams	Calendar Year
Lenses Benefit	Calendar Year
Contact Lenses	Calendar Year
Frames	Other Calendar Year

## REIMBURSEMENT SCHEDULE

	In Network (Copay)	Out Network (Before Copay)
Eye Exams Benefit	\$10	\$39 max
Lenses Benefit		
Single Vision	\$25	\$23 max
Bifocal	\$25	\$37 max
Trifocal	\$25	\$49 max
Lenticular	\$25	\$64 max
Contact Lenses Benefit**		
Medically Necessary	Covered after copay	\$210 max
Elective Materials	\$130 max (Copay waived)	\$100 max (Copay waived)
Elective Fitting and Evaluation	Member pays up to \$60. 15% discount on the fee	Included in the Contact Lens Allowance
Frames Benefit	\$130 retail max + 20% off balance	\$46 max
Visions Upgrade Options Included	• Retail Chain Provider	Not Applicable

\*\*In lieu of eyeglass lenses and/or frames

## PLAN HIGHLIGHTS

- Guardian's affiliation with Vision Service Plan (VSP), offers one of the largest vision care network in the industry with over 70,000 provider access points nationwide. It's easy to find a network provider at GuardianAnytime.com.

(continued)

# Vision

## PLAN HIGHLIGHTS (continued)

- Choice plans offer 20% off any additional pairs of glasses purchased within 12 months of the exam. Members also receive 20% off the amount exceeding the copay and allowance on frames purchased as well as 15% off providers' professional services for prescription contact lenses. These discounts only apply to services from an in network provider.
- With our Choice plans, members will receive significant discounts on lens options, discounts will range from 20-25% off the U&C. For example, standard progressive plastic lenses will cost the member \$55 and scratch resistant coating will cost \$17. Solid tints and dyes are covered in full.
- Members who use a VSP contracted laser center may save an average of 10% -20% off, or 5% off a promotional offer, on PRK, LASIK, Custom LASIK, Custom PRK and Bladeless LASIK.
- Your plan includes Retail Chain Providers, your employees have the convenience of over 16,000 access points with popular retail chains like Costco Optical, Visionworks, Clarkson Eyecare, Visioncare Associates, Rxoptical and more. Benefits may vary at some retail chain provider locations.
- In network benefits can be used online at eyeconic.com.

## IMPORTANT NOTES

**Rates and premiums are based on the employee data submitted. Final rates and premiums are based on the plan and employee/dependent data provided on the enrollment forms. State specific requirements apply.**

- The covered person must remain enrolled until the plan's next vision annual open enrollment period. Someone who waives or drops coverage can't enroll until the plan's next vision annual open enrollment period. These requirements do not apply if the vision plan is sold on a non-contributory basis or if enrollment is tied-to a dental or medical plan.
- If an employee has employee/spouse vision coverage and the spouse obtains new employment and elects vision coverage with the new employer, Guardian lock-in does not apply to that spouse and the spouse is free to move with no negative impact.
- If an employee has employee/spouse vision coverage and **both** the employee and spouse elect to move over to the spouse's new employer's vision plan, again, Guardian lock-in does not apply to either spouse or employee.
- If an employee gets married and wishes to go on the new spouse's plan, the member may decline outside of open enrollment only if the member actually goes on the new spouse's plan.
- We reserve the right to adjust rates if actual participation is below assumed level. We reserve the right to withdraw this proposal if actual participation is below 30%; minimum of 4 enrolled employees.

**Please see the Participation Section and the Summary of Plan Limitations and Exclusions that appears either on this page or the last page of this coverage.**

## PARTICIPATION

	Plan #1	Plan #2	Plan #3
25-34%	-	x 1.24	x 1.24
35-49%	-	x 1.15	x 1.15
50-64%	-	x 1.08	x 1.08
65-79%	-	x 1.0	x 1.0
80-99%	-	x 0.92	x 0.91
100%	-	x 0.90	x 0.85

**Note:** Multiply applicable rates by these factors for other participation rates.

## SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS

- In order to be eligible for coverage: Employees must be legally working (a) in the United States or (b) outside 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.
- For a calendar year plan A or B, if a member purchases contact lenses they must wait 2 calendar years to purchase frames.
- Members cannot bank unused allowance amounts for future use, they must use their allowance during the same office visit.

The 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.
- GP-1-VSN-96-1 et al.

(continued)

## **SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS (continued)**

- Guardian's Vision Insurance products are 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.