# Vision Benefits

*Guardian Life Insurance Company*

| Your Vision Plan | |
|---|---|
| Provider Network is | Davis Vision |
| Plan Name | Full Feature – Designer B |
| Exam Co-Pay | $10 |
| Materials Co-Pay | $25 |

| Sample of Covered Services | Amount You Pay After Applicable Co-Pay | |
|---|---|---|
| | *In-Network* | *Out-of-Network* |
| Eye Exams | $0 | Amount over $50 |
| Single Vision Lenses | $0 | Amount over $48 |
| Lined Bifocal Lenses | $0 | Amount over $67 |
| Lined Trifocal Lenses | $0 | Amount over $86 |
| Lenticular Lenses | $0 | Amount over $126 |
| Frames | Amount over $130 + 20% discount | Amount over $48 |
| Contact Lenses (medically necessary)* | $0 – co-pay waived | Amount over $210 |
| Contact Lenses (elective)* | Amount over $130 | Amount over $105 |

**Contact lenses are in lieu of eyeglass lenses and/or frames*

| Service Frequencies | |
|---|---|
| Exams | Once per calendar year |
| Lenses for glasses | Once per calendar year |
| Contact Lenses | Once per calendar year |
| Frames | Once every other calendar year |

| Manage Your Benefits and Find a Vision Provider |
|---|
| Visit www.guardiananytime.com to review information about your benefits and access a copy of your ID Card. |
| **Visit** https://microsite.davisvision.com/guardian/ **to find a Davis Vision network provider.** |

| **Your Cost per Paycheck** (52 pays per year) | |
|---|---|
| Employee | $0.57 |
| Employee + Spouse | $1.30 |
| Employee + Child(ren) | $1.31 |
| Family | $2.18 |