

Keep an Eye on Your Vision Health

Helps save you money and improves your health

Whether you have perfect vision, or require some type of corrective lenses, preventive eye care can be an important part of your overall health. Guardian® Vision Insurance can help you offset the expensive costs of exams, frames, contact lenses, corrective surgery and more.

Regular Eye Exams Can Detect Medical Problems

Research shows that regular vision exams can help identify vision issues before they become serious.¹ Having a vision plan can also benefit your family, and in particular your children, since problems with vision can affect their progress in school. Other conditions that can be detected with regular vision exams include:²

- Diabetes
- High Blood Pressure
- Increased Stroke Risk
- Autoimmune Diseases
- Excessive Thyroid Hormones

Vision Insurance with Guardian

With Guardian Vision coverage, you have access to quality vision care from an extensive network of eye care providers with thousands of service locations across the nation. For just a few dollars a month, you and your family can take advantage of affordable coverage that can save you time and money.

It's Easy to Use Your Plan

To quickly find vision providers or retail locations go to guardiananytime.com or download Guardian's 'Find a Provider and ID Card' app to your mobile device.

Get the Benefits of Guardian Vision

- No ID cards needed
- Nationwide network including convenient retail locations
- Quick and easy claim payments
- Convenient payroll deductions



See the Values of Healthy Vision

- Two-thirds of all adults report wearing some type of eyewear.²
- 90% of adults who use a computer at least 3 hours a day suffer vision problems associated with computer eye strain.³
- 1 in 4 school-age children have vision problems that, if left untreated, can affect learning ability, personality and adjustment in school.⁴

[Learn more about Vision Insurance at guardiananytime.com](http://guardiananytime.com)

The Guardian Life Insurance
Company of America
New York, NY

guardiananytime.com

GUARDIAN VISION

COPAYS	LOW OPTION		HIGH OPTION	
EXAMS	\$10 copay		\$10 copay	
MATERIALS	\$25 copay		\$25 copay	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
EYE EXAMS (Every 12 months)				
EXAMS	\$10 copay	\$59 reimbursement	\$10 copay	\$59 reimbursement
LENSES (Every 12 months)				
LENS-SINGLE VISION	\$25 copay	\$30 reimbursement	\$25 copay	\$30 reimbursement
LENS-BIFOCAL	\$25 copay	\$50 reimbursement	\$25 copay	\$50 reimbursement
LENS-TRIFOCAL	\$25 copay	\$65 reimbursement	\$25 copay	\$65 reimbursement
LENS-LENTICULAR	\$25 copay	\$100 reimbursement	\$25 copay	\$100 reimbursement
CONTACT LENSES (Every 12 months) ^{1,2}				
ELECTIVE ALLOWANCE	Guardian will pay \$150 maximum (copay waived)	Guardian will pay \$120 maximum (copay waived)	Guardian will pay \$150 maximum (copay waived)	Guardian will pay \$120 maximum (copay waived)
FITTING & EVALUATION ³	Standard: \$50 Custom: \$75 (member pays)	Included in contact lens allowance	Standard: \$50 Custom: \$75 (member pays)	Included in contact lens allowance
FRAMES (Every 12 months)				
ALLOWANCE	Guardian will pay \$150 retail maximum and 20% off balance	Guardian will pay \$70 maximum	Guardian will pay \$150 retail maximum and 20% off balance	Guardian will pay \$70 maximum
OPTIONS INCLUDE	Scratch Resistant Coating	N/A	Scratch Resistant Coating; Polycarbonate Lenses for Adults; Progressive Lens; Glasses & Contacts	N/A

1. Low option: benefit includes coverage for glasses or contact lenses, not both

2. High option: members can purchase one set of contact lenses and one pair of glasses in a benefit period

3. The contact lens allowance is applied to the cost of the contacts and the fitting and evaluation when the member utilizes an OON provider.

+ Complete eyeglasses must be purchased at one time from one provider. For example, if a member purchases only lenses, he or she cannot purchase frames later in the same benefit period. The member is not eligible for new vision materials until the next benefit period.

*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. 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 employer-sponsored plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium deducted from your paycheck, the latter prevails.

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS:

Coverage is limited to those charges that are necessary to prevent, diagnose and treat a vision condition; If the member purchases contact lenses they must wait one calendar year/two 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. Please refer to certificate of coverage for full plan description; plan documents are the final arbiter of coverage.]