



Your vision coverage

Option 1: Significant out-of-pocket savings available with your **Full Feature** plan by visiting one of Davis Vision's network locations including retail centers such as Costco[®], Wal-Mart[®], JCPenney[®], Target[®], Sam's Club[®], Pearle[®], Visionworks[®]. You can also use your network benefits online at Visionworks[®].com, glasses[®].com, or 1800contacts[®].com.

Your Vision Plan	Full Feature - Designer Davis Vision	
Your Network is		
Сорау		
Exams Copay	\$ 10	
Materials Copay (waived for elective contact lenses)	\$ 10	
Sample of Covered Services	You pay (after copay if applicable):	
	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	80% of amount over \$150*2	Amount over \$83
Contact Lenses (Elective and conventional)	85% of amount over \$150*	Amount over \$105
Contact Lenses (Planned replacement and disposable)	85% of amount over \$150*	Amount over \$105
Contact Lenses (Medically Necessary)	\$0	Amount over \$210
Cosmetic Extras	Avg. 40-60% off retail price	No discounts
Glasses (Additional pair of frames and lenses)	50% at Visionworks and 30% at other in network providers	No discounts
Laser Correction Surgery Discount	Savings of 40-50% off national average price thru Davis laser vision network	No discounts
Service Frequencies		
Exams	Every calendar year	
Lenses (for glasses or contact lenses)‡‡	Every calendar year	
Frames	Every two calendar years	
Network discounts (glasses and contact lens professional service)	Applies to first purchase & courtesy discount from most providers on subsequent purchases.	

Visit www.Guardianlife.com and click on "Find a Provider"

This is only a partial list of vision services. Your certificate of benefits will show exactly what is covered and excluded.

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- ‡‡Benefit includes coverage for glasses or contact lenses, not both.
- Family coverage for spouse and children if the child is dependent upon the employee for support and is: (i) living in the employee's household; or (ii) a full-time or part-time student.

All Eligible Employees