Guardian®

Vision care

Vision care helps protect the health of your eyes by providing services that often aren't covered by regular medical insurance.

Protecting your eyesight means allowing for routine eye exams, as well as access to glasses and contacts. Help keep your eyes in great shape at any age — no matter how much time you spend staring at digital screens.

Who is it for?

Even if you have perfect eyesight, it's important to have regular eye exams to make sure you're still seeing clearly. Many people eventually need vision correction, which is why we offer vision care to manage some of the costs.[1]

What's included?

Vision care helps pay for services not typically included in medical insurance plans. This may include routine eye exams, support toward the cost of eyeglasses and contact lenses, and access to discounted pricing on corrective LASIK surgery.

Why should I consider it?

Regular eye exams can help detect more than failing eyesight, they can also pick up on symptoms associated with diseases like glaucoma and diabetes. Vision problems are one of the most prevalent disabilities in the US, making vision care especially useful for anyone who regularly needs to purchase eyeglasses or contacts, or anyone who simply wants to protect their eyesight and general health.



Vision

David notices that his vision is deteriorating. He goes in for an eye exam, and is diagnosed with myopia, also known as nearsightedness, which means he needs glasses. He can now save on glasses and contacts.

Hypothetical examples are for illustrative purposes only. An individual's eligibility for benefits is determined on a case-by-case basis. Guardian's Group Vision Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states.

1. CDC, Why eye exams are important, May 15, 2024.
You will receive these benefits if you meet the conditions listed in the policy.

GUARDIAN® is a registered trademark of The Guardian Life Insurance Company of America

NEWS-PRESS & GAZETTE CO
ALL OTHER ELIGIBLE EMPLOYEES
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Guardian®

Your vision coverage

Option 1: Significant out-of-pocket savings available with your **Full Feature** plan by visiting one of VSP's network locations.

Option 2: 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® and Warby Parker®. You can also use your network benefits online at Visionworks®.com, glasses®.com, WarbyParker®.com, or 1800contacts®.com.

Your Vision Plan	**Option 1: Full Feature**		**Option 2: Full Feature - Designer**	
Your Network is	VSP Network Signature Plan		Davis Vision	
Your Monthly premium	**$ 9.02**		**$ 9.02**	
You and Spouse/Domestic partner	$ 17.43		$ 17.43	
You and Child(ren)	$ 14.42		$ 14.42	
You, Spouse/Domestic partner and Child(ren)	$ 22.84		$ 22.84	
Copay				
Exams Copay	$ 10		$ 10	
Materials Copay *(waived for elective contact lenses)*	$ 25		$ 25	
Sample of Covered Services	*You pay (after copay if applicable):*		*You pay (after copay if applicable):*	
	In-network	*Out-of-network*	*In-network*	*Out-of-network*
Eye Exams	$0	Amount over $65	$0	Amount over $50
Single Vision Lenses	$0	Amount over $50	$0	Amount over $48
Lined Bifocal Lenses	$0	Amount over $75	$0	Amount over $67
Lined Trifocal Lenses	$0	Amount over $100	$0	Amount over $86
Lenticular Lenses	$0	Amount over $126	$0	Amount over $126
Frames	80% of amount over $150[1]	Amount over $75	80% of amount over $150*[2]	Amount over $108
Contact Lenses *(Elective)*	Amount over $150	Amount over $130	N/A	N/A
Contact Lenses *(Elective and conventional)*	N/A	N/A	85% of amount over $150*	Amount over $108
Contact Lenses *(Planned replacement and disposable)*	N/A	N/A	85% of amount over $150*	Amount over $108
Contact Lenses *(Medically Necessary)*	$0	Amount over $210	$0	Amount over $210
Contact Lenses *(Evaluation and fitting)*	15% off UCR	No discounts	No discounts	No discounts
Cosmetic Extras	Avg. 30% off retail price	No discounts	Avg. 40-60% off retail price	No discounts
Glasses *(Additional pair of frames and lenses)*	20% off retail price^	No discounts	50% at Visionworks and 30% at other in network providers	No discounts
Laser Correction Surgery Discount	Up to 15% off the usual charge or 5% off promotional price	No discounts	Savings of 20-35% off national average price thru Davis laser vision network	No discounts

Guardian®

Your vision coverage

Your Vision Plan	Option 1: Full Feature	Option 2: Full Feature - Designer
Service Frequencies		
Exams	Every calendar year	Every calendar year
Lenses *(for glasses or contact lenses)*‡‡	Every calendar year	Every calendar year
Frames	Every two calendar years‡‡‡	Every two calendar years
Network discounts *(glasses and contact lens professional service)*	Limitless within 12 months of exam.	Applies to first purchase & courtesy discount from most providers on subsequent purchases.
Dependent Age Limits	26	26
	Visit www.Guardianlife.com and click on "Find a Provider"	

VSP

- ‡‡Benefit includes coverage for glasses or contact lenses, not both.
- ^ For the discount to apply your purchase must be made within 12 months of the eye exam. In addition Full-Feature plans offer 30% off additional prescription glasses and nonprescription sunglasses, including lens options, if purchased on the same day as the eye exam from the same VSP doctor who provided the exam.
- Charges for an initial purchase can be used toward the material allowance. Any unused balance remaining after the initial purchase cannot be banked for future use. The only exception would be if a member purchases contact lenses from an out of network provider, members can use the balance towards additional contact lenses within the same benefit period.
- [1]Extra $20 on select brands
- Members can use their in network benefits on line at Eyeconic.com.
- ‡‡‡.*The VSP system considers contact lenses to be the equivalent of a full pair of eyeglasses (lenses and frames) so while the member can obtain contact lenses one year and standard eyeglass lenses the next year, the frames benefit would not be available until 24 months or two calendar years, depending on the plan design, after the date the member obtained the contact lenses.*
- In Network Routine Retinal Screening Covered after no more than a $39 copay.

Davis

- ‡‡Benefit includes coverage for glasses or contact lenses, not both.
- Contact lenses from Davis Vision's Collection are available at most private practice locations with Full Feature and Materials Only plans. Contacts from the collection are covered in full including fitting and evaluation, in excess of the plan's materials copay. Elective contacts that are not part of the Collection are covered up to the plan's elective contact lens allowance and the materials copay is waived.
- *Additional discounts are not available at all private practice locations. Costco, Walmart, Sam's Club, glasses.com, and 1800contacts.com do not allow additional discounts.
- For Davis Vision, 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. Only charges for an initial purchase can be used toward the material allowance. Any unused balance remaining after the initial purchase cannot be banked for future use.
- [2]Extra $50 at Visionworks stores and at Visionworks.com.
- In Network Routine Retinal Screening Covered after no more than a $39 copay.
- Members can use their in network benefits at visionworks.com, warbyparker.com, glasses.com, and 1800contacts.com. Additional discounts are not available at glasses.com or 1800contacts.com. Discounts may vary at Warby Parker.

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Your vision coverage

EXCLUSIONS AND LIMITATIONS

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: orthoptics 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 cosmetic processes.

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. Contract #GP-1-DAVIS-05-VIS et al. Contract #GP-1-VSN-96-VIS et al.

Laser Correction Surgery:

Laser surgery is not an insured benefit. The surgery is available at a discounted fee. The covered person must pay the entire discounted fee. In addition, the laser surgery discount may not be available in all states.

Guardian's Vision Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. 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 Department of Financial Services. Plan documents are the final arbiter of coverage.
Policy Form # GP-1-GVSN-17

Guardian®

Our commitment to you

Please read the documentation referenced below carefully. The notices are intended to provide you important information about our insurance offerings and to protect your interests. Certain ones are required by law.

Important information

Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

Guardian notice stating that it complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, sex, or actual or perceived gender identity. The notice provides contact information for filing a nondiscrimination grievance. It also provides contact information for access to free aids and services by disabled people to assist in communications with Guardian.
Visit **https://www.guardiananytime.com/notice48** to read more.

No Cost Language Services

Guardian provides language assistance in multiple languages for members who have limited English proficiency.
Visit **https://www.guardiananytime.com/notice46** to read more.

Vision Care

Guardian's HIPAA Notice of Privacy Practices

The notice describes how health information about you may be used and disclosed and how you can access this information.
Visit **https://www.guardiananytime.com/notice50** to read more.

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