

## 2016 Vision Benefits Summary

### Plan Details

<b>Provider</b>	<b>Guardian</b>
Plan Network	Davis Vision
Coverage Area	Nationwide, 30,000 provider locations
Providers	JC Penney, Pearle, Sears, Target, Wal-Mart, & more
Member Participation	Mandatory with Life & Disability Benefits
Dependent Age Limits	20 (26 full-time student)

### Benefit Highlights

	In Network	Out of Network
<b>Annual Deductible</b>	None	None
<b>Eye Exams</b>		
Frequency	12 months	
Benefit	\$10 Copay	\$46 max after \$10 copay
<b>Lenses</b>		
Frequency	12 months	
Benefit		
Single Vision	\$20 Copay	\$47 max after \$10 copay
Bifocal	\$20 Copay	\$66 max after \$10 copay
Trifocal	\$20 Copay	\$85 max after \$10 copay
Lenticular	\$20 Copay	\$125 max after \$10 copay
<b>Contact Lenses (in lieu of complete set of glasses)</b>		
Frequency	12 months	
Benefit		
Medically Necessary	\$20 Copay	\$210 max after \$20 copay
Elective	\$135 retail after \$20 copay	\$47 max after \$20 copay
<b>Frames</b>		
Frequency	24 months	
Benefit	\$135 retail after \$20 copay	\$47 max after \$20 copay

### Member Rates

	Monthly	Annual
<b>Member</b>	<b>\$2</b>	<b>\$24</b>
<b>Spouse</b>	<b>\$3</b>	<b>\$36</b>
<b>Children</b>	<b>\$3</b>	<b>\$36</b>
<b>Family</b>	<b>\$5</b>	<b>\$60</b>

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**This Benefit Summary is intended only to highlight your Benefits and should not be relied upon to fully determine your coverage. If this Benefit Summary conflicts in any way the Certificate of Coverage (COC), the COC shall prevail. It is recommend that you review your COC for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.**

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