

**Vision Benefit Summary**

**Group Number:** 00506993

**About Your Benefits:**

Eye care is a vital component of a healthy lifestyle. With vision insurance, having regular exams and purchasing contacts or glasses is simple and affordable. The coverage is inexpensive, yet the benefits can be significant! Guardian provides rich, flexible plans that allow you to safeguard your health while saving you money. Review your plan options and see why vision insurance may be a great benefit for you.

Visit any doctor with your **Full Feature** plan, but save by visiting any of the 50,000+ locations in the nation's largest vision network.

<b>Your Vision Plan</b>	<b>Full Feature‡</b>	
<b>Your Network is</b>	VSP Choice Network	
<b>Your Semi-monthly premium</b>	<b>\$ 3.89</b>	
You and spouse/domestic partner	\$ 6.55	
You and child(ren)	\$ 6.68	
You, spouse/domestic partner and child(ren)	\$ 10.56	
<b>Copay</b>		
Exams Copay	\$ 20	
Materials Copay (waived for elective contact lenses)	\$ 20	
<b>Sample of Covered Services</b>	<i>You pay (after copay if applicable):</i>	
	<i>In-network</i>	<i>Out-of-network</i>
Eye Exams	\$0	Amount over \$39
Single Vision Lenses	\$0	Amount over \$23
Lined Bifocal Lenses	\$0	Amount over \$37
Lined Trifocal Lenses	\$0	Amount over \$49
Lenticular Lenses	\$0	Amount over \$64
Frames	80% of amount over \$130	Amount over \$46
Contact Lenses (Elective)	Amount over \$130	Amount over \$100
Contact Lenses (Medically Necessary)	\$0	Amount over \$210
Contact Lenses (Evaluation and fitting)	15% off UCR	No discounts
Cosmetic Extras	Avg. 20-25% off retail price	No discounts
Glasses (Additional pair of frames and lenses)	20% off retail price**	No discounts
Laser Correction Surgery Discount	Up to 15% off the usual charge or 5% off promotional price	No discounts
<b>Service Frequencies</b>		
Exams	Every calendar year	
Lenses (for glasses or contact lenses)‡‡	Every calendar year	
Frames	Every two calendar years‡‡‡	
Network discounts (cosmetic extras, glasses and contact lens professional service)	Limitless within 12 months of exam.	
<b>Dependent Age Limits</b>	26	

‡Please note your plan has a two year lock in/out period.

‡‡Benefit includes coverage for glasses or contact lenses, not both.

Benefit information illustrated within this material reflects the plan covered by Guardian as of 11/12/2015

HIREPOWER INC DBA INNOVAR GROUP ALL ELIGIBLE EMPLOYEES Benefit Summary

The Guardian Life Insurance Company of America, 7 Hanover Square, New York, NY 10004

†††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.

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

\*\* For the discount to apply your purchase must be made within 12 months of the eye exam.

For VSP, 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. 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.

***This handout is for illustrative purposes only and is an approximation. If any discrepancies between this handout and your paycheck stub exist, your paycheck stub prevails.***

## Manage Your Benefits:

Go to [www.GuardianAnytime.com](http://www.GuardianAnytime.com) to access secure information about your Guardian benefits including access to an image of your ID Card. Your on-line account will be set up within 30 days after your plan effective date.

## Find A Vision Provider

Visit [www.GuardianAnytime.com](http://www.GuardianAnytime.com)  
Click on “Find A Provider”; You will need to know your plan and vision network, which can be found on the first page of your vision benefit summary.

## 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-I-VSN-96-VIS et al.

### Laser Correction Surgery:

On average, 15% off the usual charge or 5% off promotional price for vision laser surgery. Members' out-of-pocket costs are limited to \$1,800 per eye for LASIK and \$1,500 per eye for PRK.

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.