



Voluntary Vision Coverage (Guardian – Davis Network)

Vision benefits are provided to you to cover lenses, frames, contacts and routine care such as exams. This is a voluntary benefit plan.

Guardian – Davis Network Vision Plan Summary of Benefits		
Benefit Features	Provider Benefit	Non-Provider Benefit
Annual Eye Exam Copay	\$10	\$50
Materials Copay	\$25	
Lenses (per pair)		
Single Vision	Paid in full after copay	Up to \$48
Bifocal	Paid in full after copay	Up to \$67
Trifocal	Paid in full after copay	Up to \$86
Lenticular	Paid in full after copay	Up to \$126
Contacts		
Fit & Follow-Up Exams	Copay Waived	No Benefit
Elective	Up to \$130	Up to \$105
Frames	Up to \$130 + 20% off balance	Up to \$48
Frequencies (months)	12/12/24 <i>(based on date of service)</i>	
Payroll Deductions	Monthly	Bi-Weekly (24 periods)
Employee	\$8.30	\$4.15
Family	\$17.85	\$8.93

To find In-Network vision providers with Guardian, log onto www.guardiananytime.com and/or contact by phone at 1-888-600-1600. There are benefits available to members using out-of-network providers. However, as you can see from the plan outline above there is less coverage when using non-network providers which will increase the out-of-pocket costs to members.



Have questions? Visit www.guardiananytime.com or call 1-888-600-1600.