



TEL Staffing & HR

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VOLUNTARY VISION INSURANCE

Which plan is best for you and your family?

Eligible dependents include your unmarried children up to age 20 or 26, 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.

Guardian Vision	In-Network	Out-of-Network
Copayment	Exam \$10.00 Materials \$20.00	
Eye Exams Frequency: Every 12 Months	Covered in Full after Copay	\$46.00 Maximum after Copay
Lenses Frequency: Every 12 Months		
Single Vision	Covered in Full after Copay	\$47.00 Maximum after Copay
Lined Bifocal	Covered in Full after Copay	\$66.00 Maximum after Copay
Lined Trifocal	Covered in Full after Copay	\$85.00 Maximum after Copay
Lenticular	Covered in Full after Copay	\$125.00 Maximum after Copay
Contact Lenses* Frequency: Every 12 Months		
Medically Necessary	Covered in Full after Copay	\$210.00 Maximum after Copay
Elective	\$135.00	\$105.00** Maximum after Copay
Cosmetic Extras	Average 15-30% off retail price	No discounts
Frames Frequency: Every 24 Months	\$135.00 Retail Allowance*	\$47.00 Maximum after Copay
Vision Rates	Weekly Biweekly Monthly	
Employee	\$2.12 \$4.23 \$8.46	
Employee/Spouse	\$3.56 \$7.13 \$14.25	
Employee/Children	\$3.63 \$7.27 \$14.53	
Family	\$5.75 \$11.50 \$22.99	

Vision Plan uses the Davis Network

Go to www.guardiananytime.com for a listing of network dentist vision providers

Designer plan spectacle lens In-Network benefits include full coverage of oversized and tinted lenses.

*If you choose contact lenses, you will not be eligible to receive lenses for 12 months and a frame for 12 months following the date contacts were obtained.

*(Designer) Frames from Davis' Fashion or Designer collections are covered in full in excess of this plan's materials copay. Frames from Davis' Premier collection are covered in full in excess of a \$25 copay applied in addition to the plan's materials copay. Frames from a Davis network provider that are not in the collections are covered up to the plan's retail allowance in excess of the plan's materials copay.

** In-network elective contact lenses from Davis Vision's formulary are covered in full in excess of the copay. In-network elective contacts



GUARDIAN®

Please Note: This handout is for illustrative purposes. You will receive benefit booklets. If there is a discrepancy between this handout and your benefit booklet, the booklet prevails.

