



VISION PLAN



	In-Network	Out-of-Network
Frequency	12 Months	
Exam	12 Months	
Lenses	12 Months	
Frames		
Examination	\$10 Copay	Reimbursement Up to \$39
Lenses		Reimbursement
Single	\$25 Copay	Up to \$23
Bifocal	\$25 Copay	Up to \$37
Trifocal	\$25 Copay	Up to \$49
Lenticular	\$25 Copay	Up to \$64
Frames	\$130 allowance + 20% off balance	Reimbursement Up to \$46
Contact Lenses (in lieu of frames)	\$130 allowance	Reimbursement Up to \$100

For a full list of benefits, refer to Employee Navigator.

To search for a provider, visit guardianlife.com. Network: VSP Full Feature - Choice B.