



Schedule Assumptions

- Contributory with 75% participation, but no less than 10 enrolled employees.
- Tied to Dental enrollment
- Sold with Guardian Dental

Schedule Features

- Freedom of choice to visit any network or non-network provider.
- Out-of-network benefits reimbursed at lesser of the benefit maximum or amount charged, less the copay.
- Attractive discounts on cosmetic extras and additional pairs of glasses/contacts.



**Schedule of Benefits
VisionGuard**

Schedule - 01

All Eligible Employees 41 Employees

Full-Feature Plan B

Frequency of Service:

Exam	every 12 months
Materials:	
Lenses	every 12 months
Frames	every 24 months
Contact Lenses (in lieu of frames & lenses)	every 12 months

Copayment:

Exam	\$10
Material	\$25

Benefits: (after Copayment):

	In-Network	Out-of-Network**
Eye Exam	covered in full	up to \$42.00
Single Vision Lenses	covered in full	up to \$40.00
Bifocal Lenses	covered in full	up to \$60.00
Trifocal Lenses	covered in full	up to \$80.00
Lenticular Lenses	covered in full	up to \$125.00
Frames	covered in full***	up to \$45.00
Contact Lenses:		
Medically Necessary	covered in full	up to \$210.00
Elective	\$105.00****	up to \$105.00****

** The Out of Network benefit schedule shown applies for the state of CA. In some states coverage may be higher or lower.
 *** Approximately 13,000 frames are covered in full. All others are offered to patients at a discounted cost based on the wholesale price.
 ***** Copayment is waived for elective contact lenses.