Vision insurance helps protect the health of your eyes by providing coverage for benefits that often aren’t covered by regular medical insurance.

Protecting your eyesight means allowing for routine visits to the optometrist for eye exams, as well as coverage for glasses and contacts. Make sure your eyes remain in great shape at any age – no matter how much time you spend staring at digital screens.

**Who is it for?**

Even if you have perfect eyesight, it’s important to have regular eye exams to make sure you’re still seeing clearly. Most of us may eventually need vision correction, which is why we offer vision insurance to cover some of the costs.

**What does it cover?**

Vision insurance covers benefits not typically included in medical insurance plans. It covers things like routine eye exams, allowances towards the purchase of eyeglasses and contact lenses, as well as discounts on corrective Lasik surgery.

**Why should I consider it?**

Regular eye exams can detect more than failing eyesight, they can also pick up diseases like glaucoma and diabetes. Vision problems are one of the most prevalent disabilities in the United States, making vision insurance especially useful for anyone who regularly needs to purchase eyeglasses or contacts, or anyone who simply wants to help protect their eyesight and general health.

You will receive these benefits if you meet the conditions listed in the policy.

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**20/20 coverage**

David notices that his vision is deteriorating. He goes in for an eye exam, and is diagnosed with myopia, which means he needs glasses.

Average cost of vision exam: **$171**

Average cost of frames and lenses: **$350**

Total cost: **$521**

With a Vision policy from Guardian, David pays just **$10** for his eye exam. After **$25** in copay, his lenses are fully covered, and he pays **$96** for his frames.

David’s total out-of-pocket expense is **$131**, saving him **$390**.

This example is for illustrative purposes only. Your plan’s coverage may vary. See your plan’s information on the following pages for specific amounts and details.
Your vision coverage

**Option 1:** Significant out-of-pocket savings available with your **Full Feature** plan by visiting one of VSP’s network locations, including one of the largest private practice provider networks, Visionworks and contracted Pearle Vision locations.

<table>
<thead>
<tr>
<th>Your Vision Plan</th>
<th>Full Feature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your Network is</td>
<td>VSP Network Signature Plan</td>
</tr>
<tr>
<td>Your Monthly premium</td>
<td></td>
</tr>
<tr>
<td>You and Spouse/Domestic partner</td>
<td>$10.91</td>
</tr>
<tr>
<td>You and Child(ren)</td>
<td>$17.13</td>
</tr>
<tr>
<td>You, Spouse/Domestic partner and Child(ren)</td>
<td>$19.52</td>
</tr>
<tr>
<td>You and Child(ren)</td>
<td>$25.80</td>
</tr>
</tbody>
</table>

**Copay**

- **Exams Copay**
  - $10

- **Materials Copay (waived for elective contact lenses)**
  - $25

**Sample of Covered Services**

<table>
<thead>
<tr>
<th>Service Description</th>
<th>In-network</th>
<th>Out-of-network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Exams</td>
<td>$0</td>
<td>Amount over $65</td>
</tr>
<tr>
<td>Single Vision Lenses</td>
<td>$0</td>
<td>Amount over $50</td>
</tr>
<tr>
<td>Lined Bifocal Lenses</td>
<td>$0</td>
<td>Amount over $75</td>
</tr>
<tr>
<td>Lined Trifocal Lenses</td>
<td>$0</td>
<td>Amount over $100</td>
</tr>
<tr>
<td>Lenticular Lenses</td>
<td>$0</td>
<td>Amount over $126</td>
</tr>
<tr>
<td>Frames</td>
<td>80% of amount over $130¹</td>
<td>Amount over $75</td>
</tr>
<tr>
<td>Costco, Walmart and Sam’s Club Frame Allowance</td>
<td>Amount over $0</td>
<td></td>
</tr>
<tr>
<td>Contact Lenses (Elective)</td>
<td>Amount over $130</td>
<td>Amount over $130</td>
</tr>
<tr>
<td>Contact Lenses (Medically Necessary)</td>
<td>$0</td>
<td>Amount over $210</td>
</tr>
<tr>
<td>Contact Lenses (Evaluation and fitting)</td>
<td>Up to $60</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Cosmetic Extras</td>
<td>Avg. 30% off retail price</td>
<td>No discounts</td>
</tr>
<tr>
<td>Glasses (Additional pair of frames and lenses)</td>
<td>20% off retail price¹</td>
<td>No discounts</td>
</tr>
<tr>
<td>Laser Correction Surgery Discount</td>
<td>Up to 15% off the usual charge or 5% off promotional price</td>
<td>No discounts</td>
</tr>
</tbody>
</table>

**Service Frequencies**

- **Exams**: Every calendar year
- **Lenses (for glasses or contact lenses)**: Every calendar year
- **Frames**: Every two calendar years
- **Network discounts (glasses and contact lens professional service)**: Limitless within 12 months of exam.

**Dependent Age Limits**

- 26

**To Find a Provider:**

Register at VSP.com to find a participating provider.

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**VSP**

- Covered in full lens options (In Network Only): Primary Eyecare Rider
- ††Benefit includes coverage for glasses or contact lenses, not both.

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TRUSTEES OF HAMILTON COLLEGE

ALL ELIGIBLE EMPLOYEES

Group Number: 523833
Your vision coverage

- For the discount to apply your purchase must be made within 12 months of the eye exam. In addition Full-Feature plans offer 30% off additional prescription glasses and non-prescription sunglasses, including lens options, if purchased on the same day as the eye exam from the same VSP doctor who provided the exam.

- 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.

- Extra $20 on select brands

- Members can use their in network benefits on line at Eyeconic.com.

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-1-VSN-96-VIS et al.

Laser Correction Surgery:

Discounts on average of 10-20% off usual and customary charge or 5% off promotional price for vision laser Surgery. Members out-of-pocket costs are limited to $1,800 per eye for LASIK or $1,500 per eye for PRK or $2300 per eye for Custom LASIK, Custom PRK, or Bladeless LASIK.

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.
Our commitment to you

Please read the documentation referenced below carefully. The notices are intended to provide you important information about our insurance offerings and to protect your interests. Certain ones are required by law.

Important information

Notice Informing Individuals about Nondiscrimination and Accessibility Requirements
Guardian notice stating that it complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, sex, or actual or perceived gender identity. The notice provides contact information for filing a nondiscrimination grievance. It also provides contact information for access to free aids and services by disabled people to assist in communications with Guardian.
Visit https://www.guardiananytime.com/notice48 to read more.

No Cost Language Services
Guardian provides language assistance in multiple languages for members who have limited English proficiency.
Visit https://www.guardiananytime.com/notice46 to read more.

Vision insurance

Guardian's HIPAA Notice of Privacy Practices
The notice describes how health information about you may be used and disclosed and how you can access this information.
Visit https://www.guardiananytime.com/notice50 to read more.