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Group Number: 00575422

# Klein Independent School District

## VISION

Here you'll find information about your following employee benefit(s). Be sure to review the enclosed - it provides everything you need to sign up for your Guardian benefits.

### **PLAN HIGHLIGHTS**

- Vision

### **Questions? Concerns?**

Helpline (888) 600-1600

Call weekdays, 8:00 AM to 8:30 PM, EST.

And refer to your plan number: 00575422

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Vision Benefit Summary

Group Number: 00575422

**Why choose Guardian for your Vision insurance:**

For just a few dollars a month, this coverage saves you money on optical wellness, as well as providing discounts on eyewear, contacts, and corrective vision services

- Extensive network of vision specialists and medical professionals
- Affordable coverage
- Quick and easy claim payments

**About Your Benefits:**

**Option 1:** Significant out-of-pocket savings available with your **Full Feature** plan by visiting one of Davis Vision's network locations including retail centers such as Costco®, Wal-Mart®, JCPenney®, Sears®, Target®, Sam's Club®, Pearle®, Visionworks®. You can also use your network benefits online at Visionworks®.com, glasses®.com, or 1800contacts®.com.

Your Vision Plan	Full Feature - Premier	
<b>Your Network is</b>	Davis Vision	
<b>Your Monthly premium</b>	<b>\$ 8.84</b>	
You and Spouse	\$ 12.66	
You and Child(ren)	\$ 14.20	
You, Spouse and Child(ren)	\$ 24.06	
<b>Copay</b>		
Exams Copay	\$ 10	
Materials Copay ( <i>waived for elective contact lenses</i> )	\$ 25	
<b>Sample of Covered Services</b>	<i>You pay (after copay if applicable):</i>	
	<i>In-network</i>	<i>Out-of-network</i>
Eye Exams	\$0	Amount over \$50
Single Vision Lenses	\$0	Amount over \$48
Lined Bifocal Lenses	\$0	Amount over \$67
Lined Trifocal Lenses	\$0	Amount over \$86
Lenticular Lenses	\$0	Amount over \$126
Frames	80% of amount over \$150*2	Amount over \$60
Contact Lenses ( <i>Elective and conventional</i> )	85% of amount over \$150*	Amount over \$105
Contact Lenses ( <i>Planned replacement and disposable</i> )	85% of amount over \$150*	Amount over \$105
Contact Lenses ( <i>Medically Necessary</i> )	\$0	Amount over \$210
Cosmetic Extras	Avg. 40-60% off retail price	No discounts
Glasses ( <i>Additional pair of frames and lenses</i> )	Courtesy discount from most providers	No discounts
Laser Correction Surgery Discount	Up to 25% off the usual charge or 5% off promotional price	No discounts
<b>Service Frequencies</b>		
Exams	Every calendar year	
Lenses ( <i>for glasses or contact lenses</i> )‡‡	Every calendar year	
Frames	Every two calendar years	
Network discounts ( <i>glasses and contact lens professional service</i> )	Applies to first purchase & courtesy discount from most providers on subsequent purchases.	
<b>Dependent Age Limits</b>	26	

Benefit information illustrated within this material reflects the plan covered by Guardian as of 06/25/2020

VISION Benefit Summary

The Guardian Life Insurance Company of America, New York, NY

This is only a partial list of vision services. Your certificate of benefits will show exactly what is covered and excluded.

## Davis

- Benefit includes coverage for glasses or contact lenses, not both.
- With the Davis Vision Premier plans, frames from the Fashion, Designer, or Premier collections are covered in full in excess of the plan's materials copay, if applicable. Frames from a 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, if applicable.
- Contact lenses from Davis Vision's Collection are available at most private practice locations with Full Feature and Materials Only plans. Contacts from the collection are covered in full including fitting and evaluation, in excess of the plan's materials copay. Elective contacts that are not part of the Collection are covered up to the plan's elective contact lens allowance and the materials copay is waived.
- \*Additional discounts are not available at all private practice locations. Costco, Walmart, Sam's Club, glasses.com, and 1800contacts.com do not allow additional discounts.
- For Davis Vision, complete eyeglasses must be purchased at one time from one provider. For example, if a member purchases only lenses, he or she cannot purchase frames later in the same benefit period. The member is not eligible for new vision materials until the next benefit period. Only 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.
- <sup>2</sup>Extra \$50 at Visionworks stores and at [Visionworks.com](http://Visionworks.com).
- Davis Vision offers 2,000 College Tuition Benefit Rewards, which are administered by SAGE CTB, LLC.

*This document is a summary of the major features of the referenced insurance coverage. It is intended for illustrative purposes only and does not constitute a contract. The insurance plan documents, including the policy and certificate, comprise the contract for coverage. The full plan description, including the benefits and all terms, limitations and exclusions that apply will be contained in your insurance certificate. The plan documents are the final arbiter of coverage. Coverage terms may vary by state and actual sold plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium actually billed, the latter prevails.*

## Manage Your Benefits:

Go to [www.GuardianAnytime.com](http://www.GuardianAnytime.com) to access secure information about your Guardian benefits including access to an image of your ID Card. Your on-line account will be set up within 30 days after your plan effective date.

## Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00575422.

**Please call the Guardian Helpline if you need to use your benefits within 30 days of plan effective date. Please note, self-serve options over the phone or online at Guardian Anytime are not available until the case is fully implemented, please wait to speak to a live agent when calling the Guardian Helpline.**

## 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-I-DAVIS-05-VIS et al.

### Laser Correction Surgery:

Up to 25% off for vision laser surgery.

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.