



# Summary of Benefits

## Vision Benefit Summary

Group ID:	00374462	Coverage Type:	Contributory
Group Name:	WENTE FAMILY ESTATES C/O AP PROCESSING DATASERV	Class:	0001 ALL ELIGIBLE EMPLOYEES
Waiting Period:	1st of the month following 30 day(s)	As of Date:	11/06/2023

## Plan Information

## Coverage Information

### What's the most cost-effective way to use vision benefits?

#### Co-Pay

First service provided

Exams

Materials

#### How often can I obtain service?

#### Eye exams

#### Lenses

Single vision lenses

Lined bifocal lenses

Lined trifocal lenses

Lenticular lenses

#### Contact Lenses

Conventional

## What's the most cost-effective way to use vision benefits?

Planned replacement

Medically necessary

Evaluation and fitting

### Frames

### Lens & Frame Allowance

### Cosmetic Extras

### Laser correction surgery

### Hearing

## Vision and General Exclusions

### 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;
- 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

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.



This Benefit Summary is for illustrative purposes. Your benefits booklet will show exactly what is covered and/or excluded under your plan. If there is a discrepancy between this Benefit Summary and your benefit booklet, the benefit booklet prevails.

Definitions shown on this site are in summary form and are for general informational purposes. The terms of the insurance contract prevails.