



Summary of Benefits

Vision Benefit Summary

Group ID:	00509597	Coverage Type:	Voluntary
Group Name:	MED3000 GROUP, INC	Class:	0001 ALL ELIGIBLE EMPLOYEES RESIDING IN IL, MO, TX OR FL
Waiting Period:	1st of the month following 30 day(s)	As of Date:	03/12/2015

Plan Information

Your networks are: VSP - Choice Exam Plus Allowance and Davis - Exam Plus Allowance

Coverage Information

	VSP - Choice Exam Plus Allowance		Davis - Exam Plus Allowance	
What's the most cost-effective way to use vision benefits?	You may go to any eye doctor however, if you go to a VSP network provider you will usually pay less.		You may go to any eye doctor however, if you go to a Davis Vision network provider you will usually pay less.	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Co-Pay				
First service provided	First Services Provided \$0.00		Not applicable	
Exams	Not applicable		Exams \$0.00	
Materials	Not applicable		Not applicable	
How often can I obtain service?	Exams: Once a year. Lenses: N/A Frames: N/A Materials: N/A		Exams: Every 12 months Lenses: N/A Frames: N/A Materials: N/A	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Eye exams	Copay applies	Amount over: \$39.00	Copay applies	Amount over: \$46.00
Lenses				
Single vision lenses	20% off UCR	Not Covered	30% off UCR	Not Covered
Lined bifocal lenses	20% off UCR	Not Covered	27% off UCR	Not Covered

	VSP - Choice Exam Plus Allowance		Davis - Exam Plus Allowance	
What's the most cost-effective way to use vision benefits?	You may go to any eye doctor however, if you go to a VSP network provider you will usually pay less.		You may go to any eye doctor however, if you go to a Davis Vision network provider you will usually pay less.	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Lined trifocal lenses	20% off UCR	Not Covered	28% off UCR	Not Covered
Lenticular lenses	20% off UCR	Not Covered	31% off UCR	Not Covered
Contact Lenses				
Conventional	Not Covered	Not Covered	Up to 20% off UCR	Not Covered
Planned replacement and disposable	Not Covered	Not Covered	Up to 10% off UCR	Not Covered
Medically necessary	Not Covered	Not Covered	Not Covered	Not Covered
Evaluation and fitting	15% off professional fee	Not Covered	15% off professional fee	Not Covered
Frames	20% off UCR	Not Covered	Average UCR 28% - 40%	Not Covered
Lens & Frame Allowance	Up to \$50.00 after discount	Up to \$50.00	Up to \$50.00 after discount	Up to \$50.00
Cosmetic Extras	Discounted at an average of 20%-25% providers UCR.	No discounts	A variety of lens options are available discounted up to 80%	No discounts
Laser correction surgery	Average 15% discount off usual price or 5% off promotional price.	No discounts	Up to 25% off usual and customary.	No discounts

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.

 At Sam's Club/Wal-Mart Vision Centers, members receive Sam's Club/Wal-Mart's everyday low price on frame and contact lenses purchases. For eyeglass lens purchases the member receives the lesser of Sam's Club/Wal-Mart's everyday low price or the Davis Vision fixed charge.

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.