Summary of Benefits

Vision Benefit Summary

Group ID:	00579839	Coverage Type:	Contributory
Group Name:	ADDEPAR, INC.	Class:	0001 ALL ELIGIBLE CALIFORNIA, NEW JERSEY, WASHINGTON, RHODE ISLAND AND MASSACHUSETTS EMPLOYEES
Waiting Period:	None		
		As of Date:	11/03/2023

Plan Information

Your networks are: VSP BASE PLAN and VSP BUY UP PLAN

Coverage Information

	VSP BASE PLAN		VSP BUY UP PLAN	
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 VSP network provider you will usually pay less.	
	In-Network	**Out-Of-Network**	**In-Network**	**Out-Of-Network**
Co-Pay				
First service provided	Not applicable		Not applicable	
Exams	Exams $10.00		Exams $10.00	
Materials	Materials (waived for conventional and planned replacement contact lenses) $25.00		Materials (waived for conventional and planned replacement contact lenses) $25.00	
	Exams: Once a year. **Lenses:** Once a year. **Frames:** Once a year.		**Exams:** Once a year. **Lenses:** Once a year. **Frames:** Once a year.	

	VSP BASE PLAN		VSP BUY UP PLAN	
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 VSP network provider you will usually pay less.	
	In-Network	**Out-Of-Network**	**In-Network**	**Out-Of-Network**
How often can I obtain service?	**Materials:** Once a year.		**Materials:** Once a year.	
	In-Network	**Out-Of-Network**	**In-Network**	**Out-Of-Network**
Eye exams	Copay applies	Amount over: $39.00	Copay applies	Amount over: $39.00
Lenses				
Single vision lenses	Copay applies	Amount over: $23.00	Copay applies	Amount over: $23.00
Lined bifocal lenses	Copay applies	Amount over: $37.00	Copay applies	Amount over: $37.00
Lined trifocal lenses	Copay applies	Amount over: $49.00	Copay applies	Amount over: $49.00
Lenticular lenses	Copay applies	Amount over: $64.00	Copay applies	Amount over: $64.00
Contact Lenses				
Conventional	Amount over: $200.00	Amount over: $100.00	Amount over: $200.00	Amount over: $100.00
Planned replacement	Amount over $200.00	$120 Max (copay waived)	Amount over $200.00	$120 Max (copay waived)
Medically necessary	Copay Applies	Amount over: $210.00	Copay Applies	Amount over: $210.00
Evaluation and fitting	15% off professional fee	Included in Contact Lens allowance	15% off professional fee	Included in Contact Lens allowance
Frames	$200.00, 20% discount on amount over $200.00.	Amount over: $46.00	$200.00, 20% discount on amount over $200.00.	Amount over: $46.00
Lens & Frame Allowance	No discounts	No discounts	No discounts	No discounts
Cosmetic Extras	Discounted at an average of 20%-25% off providers UCR.	No discounts	Discounted at an average of 20%-25% off	No discounts

	VSP BASE PLAN		VSP BUY UP PLAN	
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 VSP network provider you will usually pay less.	
	In-Network	**Out-Of-Network**	**In-Network**	**Out-Of-Network**
			providers UCR.	
Laser correction surgery	Average 15% discount off usual price or 5% off promotional price.	No discounts	Average 15% discount off usual price or 5% off promotional price.	No discounts
Hearing	No discounts	No discounts	No discounts	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.

Additional benefit options included on this plan: Fitting & Evaluation and Second Pair Coverage.

Your plan includes popular Retail Chain Providers such as: Costco Optical, Visionworks, Clarkson Eyecare, Shopko Eyecare Center, Visioncare Associates and Rxoptical. To see a complete list of participating providers in your area register at vsp.com. Benefits may vary at retail chain provider locations

Members will receive 20% off unlimited additional pairs of prescription glasses and non prescription sunglasses valid through any VSP doctor within 12 months of the last covered exam.

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.