

## County of Chemung Vision Benefits through Guardian

Effective 1/1/22

VSP/Guardian ID card mailed out soon. More information will be available.

### BENEFITS

#### All Eligible Employees

<b>Dependent Age Limits</b>	To Age 26
<b>Network/Plan</b>	VSP/Full Feature - Enhanced Choice B
<b>Copay</b>	
Split(Exams/Materials)	\$20/\$20

### SERVICE FREQUENCIES

#### Once Every:

<b>Eye Exams</b>	Calendar Year
<b>Lenses Benefit</b>	Calendar Year
<b>Contact Lenses</b>	Calendar Year
<b>Frames</b>	Other Calendar Year

### REIMBURSEMENT SCHEDULE

#### In Network (Copay)

#### Out Network (Before Copay)

<b>Eye Exams Benefit</b>	\$20	\$39 max
<b>Lenses Benefit</b>		
Single Vision	\$20	\$23 max
Bifocal	\$20	\$37 max
Trifocal	\$20	\$49 max
Lenticular	\$20	\$64 max
<b>Contact Lenses Benefit**</b>		
Medically Necessary	Covered after copay	\$210 max
Elective Materials	\$150 max (Copay waived)	\$100 max (Copay waived)
Elective Fitting and Evaluation	Included in the Contact Lens Allowance. 15% discount on the fee.	Included in the Contact Lens Allowance
<b>Frames Benefit</b>		
	\$150 retail max + 20% off balance	\$46 max
Costco, Walmart, Sam's Club Frame	\$80 retail max	Not Covered
<b>Visions Upgrade Options Included</b>	• Retail Chain Provider	Not Applicable

\*\*In lieu of eyeglass lenses and/or frames

### PLAN HIGHLIGHTS

- **Guardian's Financial Strength:** Guardian has a long history of earning exemplary ratings from independent rating services which provide essential measures of a company's value as well as common ground for valid comparison. For additional details, visit our web site: <http://www.guardianlife.com/AboutGuardian/FinancialHighlights/Ratings/index.htm>

(continued)

# VSP Choice Plan

## Flexible, Cost-Effective Vision Coverage

Members have nationwide access to quality vision providers and affordable pricing on all lens options (savings average 20%-25%), and can choose any frame, lens type or brand on the market.

### Member Cost for Lens Options

LENS OPTION	SINGLE VISION	MULTI-FOCAL
Solid Plastic Dye (Pink I and II)	\$0	\$0
Solid Plastic Dye (Except Pink I & II)	\$15	\$15
Plastic Gradient Dye	\$17	\$17
UV Protection	\$16	\$16
Factory Applied Scratch-Resistant Coating	\$17	\$17
Polycarbonate Lenses (covered in full for dependent children)	\$31	\$35
Anti-Reflective Coating	\$41	\$41
Photochromatic Lenses – Plastic	\$70	\$82

### Member Cost for Progressive Lens Options

LENS OPTION	MULTI-FOCAL
Custom Progressive – Plastic	\$150-\$175
Premium Progressive – Plastic	\$95-\$105
Standard Progressive – Plastic	\$55

## IMPORTANT NOTES

- Premium options are negotiated and may vary.
- Prices shown reflect the standard option price for each respective category, are only available through VSP Choice Preferred Providers, and are subject to change without notice.
- Rates and premiums are based on the employee data submitted. Final rates and premiums are based on the plan and employee/dependent data provided on the enrollment forms.
- VSP and VSP Choice Plan are registered trademarks of Vision Service Plan.
- Guardian's Vision Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage.