



Cypress-Fairbanks ISD
Plan Number: 460832

Keep an Eye on Your Vision Health

Helps save you money and improves your health

Whether you have perfect vision, or require some type of corrective lenses, preventive eye care can be an important part of your overall health. Guardian® Vision Insurance can help you offset the expensive costs of exams, frames, contact lenses, corrective surgery and more.

Regular Eye Exams Can Detect Medical Problems

Research shows that regular vision exams can help identify vision issues before they become serious.¹ Having a vision plan can also benefit your family, and in particular your children, since problems with vision can affect their progress in school. Other conditions that can be detected with regular vision exams include:²

- Diabetes
- High Blood Pressure
- Increased Stroke Risk
- Autoimmune Diseases
- Excessive Thyroid Hormones

Vision Insurance with VSP/Guardian

With VSP/Guardian Vision coverage, you have access to quality vision care from an extensive network of eye care providers with thousands of service locations across the nation. For just a few dollars a month, you and your family can take advantage of affordable coverage that can save you time and money.

It's Easy to Use Your Plan

To quickly find vision providers or retail locations go to guardiananytime.com or download Guardian's 'Find a Provider and ID Card' app to your mobile device.

Get the Benefits of VSP/Guardian Vision

- No ID cards needed
- Nationwide network including convenient retail locations
- Quick and easy claim payments
- Convenient payroll deductions



See the Values of Healthy Vision

- Two-thirds of all adults report wearing some type of eyewear.²
- 90% of adults who use a computer at least 3 hours a day suffer vision problems associated with computer eye strain.³
- 1 in 4 school-age children have vision problems that, if left untreated, can affect learning ability, personality and adjustment in school.⁴

**WANT TO LEARN
 MORE ABOUT YOUR
 VISION BENEFITS?**

[Learn more about Vision Insurance at guardiananytime.com](http://guardiananytime.com)

The Guardian Life Insurance
 Company of America
 New York, NY

guardiananytime.com

Full Feature VSP Network Signature Plan

	In Network	Out of Network (after copay if applicable)
Exams Copay	\$20	Amount over \$50
Materials Copay	\$20	
Single Lenses	Covered in Full	Amount over \$48
Lined Bifocal Lenses	Covered in Full	Amount over \$67
Lined Trifocal Lenses	Covered in Full	Amount over \$86
Lenticular Lenses	Covered in Full	Amount over \$126
Frames	80% of amount over \$130 ¹	Amount over \$48
Elective Contact Lenses [In Lieu of lenses and/or frames]	Amount over \$130	Amount over \$120
Necessary Contact Lenses	Covered in Full	Amount over \$210
Contact Lens & Fitting Evaluation	15% of UCR	No discounts
Laser Correction Surgery Discount	Up to 15% of off the usual charge or 5% off promotional price	No discounts
Cosmetic Extras	Avg. 30% off retail price	No discounts
Glasses (additional pair of frames and lenses)	20% retail price	No discounts

SERVICE FREQUENCIES	PLAN A	PLAN B
Exams	Every calendar year	Every calendar year
Lenses	Every calendar year	Every calendar year
Frames	Every two calendar years	Every calendar year

MONTHLY PREMIUMS	PLAN A	PLAN B
Employee Only	\$10.36	\$13.80
Employee & Spouse	\$17.44	\$23.22
Employee & Child(ren)	\$17.80	\$23.70
Employee & Family	\$28.18	\$37.50

*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. 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 employer-sponsored plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium deducted from your paycheck, the latter prevails.

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS:

Coverage is limited to those charges that are necessary to prevent, diagnose and treat a vision condition; if the member purchases contact lenses they must wait one calendar year/two calendar years to purchase frames; Members cannot bank unused allowance amounts for future use, they must use their allowance during the same office visit; 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, Lenses and frames furnished under this plan, which are lost or broken (except when services are otherwise available); The plan limits benefits for blended lenses, oversized lenses, photochromic lenses, coated or laminated lenses, a frame that exceeds plan allowance, cosmetic lenses, U-V protected lenses, and optional cosmetic processes Medically necessary contact lenses are covered only if needed: (1) after cataract surgery; (2) to correct extreme visual acuity problems that cannot be corrected with eyeglasses; (3) for certain conditions of Anisometropia; or (4) for Keratoconus. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. Please refer to certificate of coverage for full plan description; plan documents are the final arbiter of coverage.]