

# Benefit Summary

for Vision has been prepared for the employees of:

## Hoopa Valley Tribal Council

### Full Feature Plan

#### Frequency of Service:

Exam	every 12 months
Materials:	
Lenses	every 24 months
Frames	every 24 months
Or	
Contact Lenses (in lieu of frames & lenses)	every 24 months

Note: If you chose contact lenses, you will not be eligible to receive lenses for 24 months and a frame for 24 months following the date contacts were obtained.

#### Copayment:

Exam	\$20
Material	\$20

#### Benefits (after Copayment):

	<u>In-Network</u>	<u>Out-of-Network</u>
Eye Exams	covered in full	up to \$46.00
Single Vision Lenses	covered in full	up to \$47.00
Lined Bifocal Lenses	covered in full	up to \$66.00
Lined Trifocal Lenses	covered in full	up to \$85.00
Lenticular Lenses	covered in full	up to \$125.00
Frames	\$120 Retail Allowance*	up to \$47.00
Contact Lenses		
Medically Necessary	covered in full	up to \$210.00
Elective	up to \$120.00**	up to \$120.00**

\*Approximately 15,000 frames are covered in full. Frames not fully covered are offered at a discounted cost. If you select a frame that exceeds the retail allowance, the plan will cover 20% of the amount above the allowance. You must pay the rest.

\*\* Copayment does not apply to elective contact lenses.

Note: Lens coverage includes polycarbonate lenses for children up to the plan's non-student dependent child age limits.

*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 to prevent, diagnose and treat a vision condition. 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; and eye examination or corrective eyewear required by an employer as a condition of employment; lenses and frames that are furnished under this plan, which are lost or broken (except at normal intervals when services are otherwise available). 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-96-1 et al

This handout is for illustrative purposes. You will receive benefit booklets. If there is a discrepancy between this handout and your benefit booklet, the benefit booklet prevails.



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The Guardian Life Insurance Company of America, New York, NY

2004-4602

# Questions and Answers

## Guardian's VisionGuard Program (Full-Feature Plan)

### *What is Vision Insurance?*

An opportunity to help protect and care for your eyesight — and your family's.

### *Can I visit any eye doctor or only certain ones?*

You and your family members can visit any doctor you wish, any time you need care.

### *How do I find a network doctor?*

Simply call the VSP customer service line or access the VSP provider listing on-line. Details on how to find a network doctor are explained in the enclosed "How VisionGuard Works" brochure.

### *What are the advantages to going to a network doctor?*

You will usually save on out-of-pocket expenses, plus you will be eligible for discounts on cosmetic extras for lenses, additional pairs of glasses and doctors' contact lens professional services. What's more, Vision Service Plan (VSP) network doctors have been carefully selected and are committed to providing patients with high-quality care.

### *What is co-pay?*

Each covered individual is responsible for a set contribution towards their vision services. This is represented as a split co-pay. Your plan's co-pays are shown in the enclosed "Benefit and Cost Summary". With split co-pays, there is a separate co-pay for exams and materials. Co-pays are always waived for elective contact lenses.

### *What is meant by "service frequency"?*

Service frequencies indicate when you will be eligible again for an exam or materials. These are based on the last date you received an exam or materials. When you are choosing eyewear, you can select either glasses *or* contacts. You will not receive coverage for both at the same time. Your plan's specific service frequencies are reflected in the enclosed "Benefit and Cost Summary".

### *Is there any limit to how many times I can take advantage of network discounts?*

No. VSP providers' discounts on cosmetic extras, additional glasses and contact lens services can be used as many times as you'd like, anytime during the 12 month period following your covered eye exam. To obtain the discounts, however, you must return to the same provider who performed the initial exam.

### *Although many network frames are covered in full, what if I prefer a style that isn't?*

When you visit a network provider, your plan's \$115 retail frame allowance will cover most frames in full. If you select a frame which costs more than \$115, the plan will cover 20% of the amount above the allowance. You must pay the rest. Note that non-network frame benefits are limited to a separate allowance.



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# Questions and Answers

## *What is the Schedule of Benefit Allowances?*

This applies to care and materials provided by non-network doctors. When non-network doctors are used, the plan pays benefits based on a set dollar amount. These amounts are listed below.

The patient is responsible for any costs above the scheduled benefit amount, as well as any applicable co-pay(s).

<u>Materials</u>	<u>Benefit Allowance</u>
Eye Exams	\$46
Single Vision Lenses	\$47
Bifocal Lenses	\$66
Trifocal Lenses	\$85
Lenticular Lenses	\$125
Frames	\$47
Necessary Contact Lenses	\$210
Elective Contact Lenses	\$120

## *Am I entitled to the same benefits for elective contact lenses as medically necessary contact lenses?*

The plan provides generous benefits towards both medically necessary and elective contact lenses regardless if you visit a network or non-network doctor. All medically necessary contact benefits, however, require pre-authorization from VSP. In most cases, medically necessary contacts are prescribed by a network doctor are covered in full. If prescribed by a non-network doctor, benefits are based on The Schedule of Benefit Allowances. Elective contact lenses prescribed by either a network or non-network doctor are covered up to \$120 includes contact lens materials and professional services).

## *When I visit a doctor, are there any claim forms to fill out?*

No claim forms are needed for either network or non-network care. However, evidence of payment is required for non-network benefits. In order to be sure you include all information necessary to process your claim, you may want to sign on to the VSP website and access VSP's online Out-of-Network Reimbursement Form. Please refer to the enclosed "How VisionGuard Works" brochure for details.

## *Is Laser Surgery Covered?*

Laser surgery is not a covered benefit. VisionGuard provides access to a network of laser surgery centers where employees and their dependents can obtain vision laser surgery at a discounted fee. The average savings is 20 to 25% off of the center's usual price, or 5% off of the center's best promotional price, whichever is a better deal. No one will have to pay more than \$1,800 per eye for laser-assisted in-situ keratomileusis (LASIK), and \$1,500 per eye for photorefractive keratectomy (PKR), two of the most common procedures. This program is not available in all states.

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