

Guardian Vision Plan



Even if you have 20/20 vision, an annual eye exam checks the health of your eyes and can detect other health issues. If you do need glasses or contacts, vision coverage helps with the cost.

To find an in-network provider visit:
www.guardiananytime.com/fpapp/vision
 We access the VSP Network.

Click to play video



	IN-NETWORK BENEFIT	OUT-OF-NETWORK REIMBURSEMENT
Exam	\$10 copay	Up to \$39
Retinal Screening	Up to \$39	Not Covered
Single Lenses	\$25 copay	Up to \$23
Bifocal Lenses		Up to \$37
Trifocal Lenses		Up to \$49
Lenticular Lenses		Up to \$64
Frames	Up to \$150, 20% off remaining balance	Up to \$46
Contact Lenses		
Medically Necessary	\$25 copay	Up to \$210
Elective	Up to \$150	Up to \$100
Benefit Frequency (calendar year basis)		
Exams		Once every 12 months
Lenses		Once every 12 months
Contacts		Once every 12 months
Frames		Once every 24 months

Your Vision Plan Costs

	Your Monthly Cost	Per Pay Period (26)
Guardian Vision		
EMPLOYEE ONLY	\$2.81	\$1.30
EMPLOYEE & SPOUSE	\$5.01	\$2.31
EMPLOYEE & CHILD(REN)	\$5.01	\$2.31
EMPLOYEE & FAMILY	\$7.13	\$3.29