



# Summary of Benefits

## Vision Benefit Summary

Group ID:	00547913	Coverage Type:	Voluntary
Group Name:	ZINC BISTRO	Class:	0001 ALL ELIGIBLE EMPLOYEES
Waiting Period:	1st of the month following 60 day(s)	As of Date:	02/24/2026

## Plan Information

Your network is the Guardian Vision - Full Feature

## Coverage Information

	Guardian Vision - Full Feature	
<b>What's the most cost-effective way to use vision benefits?</b>	You will save by seeing an eye care provider in Guardian's network.	
	In-Network	Out-Of-Network

### Co-Pay

First service provided	Not applicable
Exams	Exams \$10.00
Materials	Materials (waived for conventional and planned replacement contact lenses)\$25.00

### How often can I obtain service?

- Exams:**  
Once a year.
- Lenses:**  
Once a year.
- Frames:**  
Once every other year.
- Materials:**  
Once a year.

	In-Network	Out-Of-Network
<b>Eye exams</b>	Copay applies	Amount over: \$59.00
<b>Lenses</b>		

	Guardian Vision - Full Feature	
What's the most cost-effective way to use vision benefits?	You will save by seeing an eye care provider in Guardian's network.	
	In-Network	Out-Of-Network
Single vision lenses	Copay applies	Amount over: \$30.00
Lined bifocal lenses	Copay applies	Amount over: \$50.00
Lined trifocal lenses	Copay applies	Amount over: \$65.00
Lenticular lenses	Copay applies	Amount over: \$100.00
<b>Contact Lenses</b>		
Elective and Conventional	Amount over \$130.00	Amount over: \$120.00
Planned replacement	Amount over \$130.00	\$120 Max (copay waived)
Medically necessary	\$0	Amount over: \$210.00
Evaluation and fitting	Standard \$50; Custom \$75	Included in Contact Lens allowance
<b>Frames</b>	20% discount on amount over \$130.00	Amount over: \$70.00
<b>Lens &amp; Frame Allowance</b>	No discounts	No discounts
<b>Cosmetic Extras</b>	Discounted up to 45% off providers UCR.	No discounts
<b>Laser correction surgery</b>	Up to 25% off the national average	No discounts
<b>Hearing</b>	Savings of 30-60% off retail	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-17, 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.



Due to lower prices available at Walmart, Sams Club and Costco locations, additional discounts do not apply.

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.