Summary of Benefits

Vision Benefit Summary

Group ID:	00506420	Coverage Type:	Voluntary
Group Name:	CAN-AM CONSULTANTS, INC.	Class:	0002 CONTRACTORS
Waiting Period:	1st of the month following date of hire	As of Date:	11/10/2026

Plan Information

Your networks are: VSP - Choice Full Feature and Davis - Full Feature - Designer

Coverage Information

	VSP - Choice Full Feature		Davis - Full Feature - Designer	
What's the most cost-effective way to use vision benefits?	You may go to any eye doctor however, if you go to a VSP network provider you will usually pay less.		You may go to any eye doctor however, if you go to a Davis Vision network provider you will usually pay less.	
	In-Network	**Out-Of-Network**	**In-Network**	**Out-Of-Network**
Co-Pay				
First service provided	Not applicable		Not applicable	
Exams	Exams $20.00		Exams $20.00	
Materials	Materials (waived for conventional and planned replacement contact lenses) $20.00		Materials (waived for non-formulary elective contact lenses) $20.00	
How often can I obtain service?	**Exams:** Once a year. **Lenses:** Once a year. **Frames:** Once a year. **Materials:** Once a year.		**Exams:** Once a year. **Lenses:** Once a year. **Frames:** Once a year. **Materials:** Once a year.	
	In-Network	**Out-Of-Network**	**In-Network**	**Out-Of-Network**
	Copay	Amount over:	Copay applies	Amount over:

	VSP - Choice Full Feature		Davis - Full Feature - Designer	
What's the most cost-effective way to use vision benefits?	You may go to any eye doctor however, if you go to a VSP network provider you will usually pay less.		You may go to any eye doctor however, if you go to a Davis Vision network provider you will usually pay less.	
	In-Network	**Out-Of-Network**	**In-Network**	**Out-Of-Network**
Eye exams	applies	$39.00		$50.00
Lenses				
Single vision lenses	Copay applies	Amount over: $23.00	Copay applies	Amount over: $48.00
Lined bifocal lenses	Copay applies	Amount over: $37.00	Copay applies	Amount over: $67.00
Lined trifocal lenses	Copay applies	Amount over: $49.00	Copay applies	Amount over: $86.00
Lenticular lenses	Copay applies	Amount over: $64.00	Copay applies	Amount over: $126.00
Contact Lenses				
Conventional	Amount over: $130.00	Amount over: $100.00	$130.00, 15% discount on amount over $130.00.	Amount over: $105.00
Planned replacement	Amount over $130.00	$120 Max (copay waived)	$130.00, 15% discount on amount over $130.00.	Amount Over $105.00
Medically necessary	Copay Applies	Amount over: $210.00	Covered in full with prior approval. Copay does not apply.	Amount over: $210.00
Evaluation and fitting	15% off professional fee	Included in Contact Lens allowance	15% off professional fee [1]	Included in Elective Contact Lens allowance
Frames	$130.00, 20% discount on amount over $130.00.	Amount over: $46.00	$130.00, 20% discount on amount over $130.00, except Sam's Club/Walmart. [2]	Amount over: $48.00
Lens & Frame Allowance	No discounts	No discounts	No discounts	No discounts
Cosmetic Extras	Discounted at an average of 20%-25% off providers UCR.	No discounts	No additional charge for: Oversize lens, polycarbonate for kids, polycarbonate for adults with strong prescriptions [3], tinting. Others discounted at 20%-50% off retail price.	No discounts

	VSP - Choice Full Feature		Davis - Full Feature - Designer	
What's the most cost-effective way to use vision benefits?	You may go to any eye doctor however, if you go to a VSP network provider you will usually pay less.		You may go to any eye doctor however, if you go to a Davis Vision network provider you will usually pay less.	
	In-Network	**Out-Of-Network**	**In-Network**	**Out-Of-Network**
Laser correction surgery	Average 15% discount off usual price or 5% off promotional price.	No discounts	Up to 25% off usual and customary.	No discounts
Hearing	No discounts	No discounts	No discounts	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-96-VIS 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.

1 If contact lenses from formulary are chosen, then evaluation and fit may be included. When contact lenses not in the Formulary are chosen and the evaluation, fit and lenses are supplied by the same vision provider at the same time, all can be applied to the elective contact lens allowance.

2 Frames from Davis Vision's Fashion, Designer, or Premier collections are covered in full in excess of the plan's materials copay. Frames from a Davis Vision network provider that are not in the collections are covered up to the plan's retail allowance in excess of the plan's materials copay.

3 Polycarbonate lenses covered in full for monocular patients and patients with prescriptions greater than or equal to +/-6.00 diopters.

At Sam's Club/Walmart Vision Centers, members receive Sam's Club/Walmart's everyday low price on frame and contact lenses purchases. For eyeglass lens purchases the member receives the lesser of Sam's Club/Walmart's everyday low price or the Davis Vision fixed charge.

Members will receive 20% off unlimited additional pairs of prescription glasses and non prescription sunglasses valid through any VSP doctor within 12 months of the last covered exam.

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.