



Summary of Benefits

Vision Benefit Summary

Group ID:	00367734	Coverage Type:	Voluntary
Group Name:	ALABAMA A & M UNIVERSITY	Class:	0003 ALL ELIGIBLE EMPLOYEES EXCEPT PRESIDENTS, VICE PRESIDENTS AND CABINET
Waiting Period:	1st of the month following date of hire	As of Date:	11/09/2017

Plan Information

Your network is the VSP - Signature Exam Plus Allowance

Coverage Information

VSP - Signature Exam Plus Allowance	
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.
	In-Network Out-Of-Network
Co-Pay	
First service provided	First Services Provided \$10.00
Exams	Not applicable
Materials	Not applicable
How often can I obtain service?	Exams: Once a year. Lenses: N/A Frames: N/A Materials: N/A
	In-Network Out-Of-Network
Eye exams	Copay applies Amount over: \$50.00
Lenses	
Single vision lenses	20% off UCR Not Covered
Lined bifocal lenses	20% off UCR Not Covered
Lined trifocal lenses	20% off UCR Not Covered
Lenticular lenses	20% off UCR Not Covered

	VSP - Signature Exam Plus Allowance	
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.	
	In-Network	Out-Of-Network
Contact Lenses		
Conventional	Not Covered	Not Covered
Planned replacement and disposable	Not Covered	Not Covered
Medically necessary	Not Covered	Not Covered
Evaluation and fitting	15% off professional fee	Not Covered
Frames	20% off UCR	Not Covered
Lens & Frame Allowance	Up to \$200.00 after discount	Up to \$200.00
Cosmetic Extras	Average 20% savings on lens options like progressives, scratch-resistant and anti-reflective coatings	No discounts
Laser correction surgery	Average 15% discount off usual price or 5% off promotional price.	No discounts
Hearing	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.



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.