



GUARDIAN VISION

Plan Comparison & Employee Contributions

	VSP Network		Davis Vision Network	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Eye Exam	\$10 copay	\$39 reimbursement	\$10 copay	\$50 reimbursement
Frames	\$200 retail allowance + 20% off balance	\$46 reimbursement	\$120 retail allowance + 20% off balance	\$48 reimbursement
Frames Costco, Walmart, Sam's Club	\$110 allowance	NA	\$120 allowance	NA
Lenses - Single vision - Bifocal - Trifocal - Lenticular	\$25 copay	\$23 reimbursement \$37 reimbursement \$49 reimbursement \$64 reimbursement	\$25 copay	\$48 reimbursement \$67 reimbursement \$86 reimbursement \$126 reimbursement
Exams / Lenses or Contacts / Frames	12 months / 12 months / 24 months	12 months / 12 months / 24 months	12 months / 12 months / 24 months	12 months / 12 months / 24 months
Elective Contacts	\$200 allowance (copay waived)	\$100 reimbursement (copay waived)	\$120 max + 15% off balance (copay waived)	\$105 reimbursement (copay waived)
Medically Necessary Contacts	\$25 copay	\$210 reimbursement	100% covered	\$210 reimbursement
Contact Fitting and Evaluation	Member pays up to \$60 + 15% discount	Included in reimbursement	Included when contacts are purchased	Not included

	VSP Network	Davis Vision Network
	You Pay	You Pay
Bi-Weekly Cost		
Employee	\$3.82	\$2.00
Employee + Family	\$9.28	\$4.85