



Vision Plans Guardian

May 1, 2017 - April 30, 2018

Network Type	VSP - Choice		Davis - Designer	
	In Network - VSP	Out of Network	In Network - Davis Vision	Out of Network
Dependent/Student Age	20 (26 for full-time student)		20 (26 for full-time student)	
Eye Exams	Once a calendar year		Once a calendar year	
Benefit	\$10 Copay	Guardian will pay \$39 max after \$10 Copay	\$10 Copay	Guardian will pay \$50 max after \$10 Copay
Lenses	Once a calendar year		Once a calendar year	
Frequency	Once a calendar year		Once a calendar year	
Single Vision	\$25 copay	Guardian will pay \$23 max after \$25 Copay	\$25 copay	Guardian will pay \$48 max after \$25 Copay
Bifocal	\$25 copay	Guardian will pay \$37 max after \$25 Copay	\$25 copay	Guardian will pay \$67 max after \$25 Copay
Trifocal	\$25 copay	Guardian will pay \$49 max after \$25 Copay	\$25 copay	Guardian will pay \$86 max after \$25 Copay
Lenticular	\$25 copay	Guardian will pay \$64 max after \$25 Copay	\$25 copay	Guardian will pay \$126 max after \$25 Copay
Contact lenses (in lieu of complete set of glasses)	Once a calendar year		Once a calendar year	
Frequency	Once a calendar year		Once a calendar year	
Medically Necessary	\$25 Copay	Guardian will Pay \$210 max after \$25 Copay	\$25 Copay	Guardian will Pay \$210 max after \$25 Copay
Elective	Guardian will pay \$130 max	Guardian will pay \$100 max	From formulary, \$25 Copay. Not from formulary, Guardian will pay \$120 max (Copay waived)	Guardian will pay \$105 max (Copay waived)
Frames	Once every other Calendar year		Once every other Calendar year	
Frequency	Once every other Calendar year		Once every other Calendar year	
Benefit	Guardian will pay \$130 retail max + 20% off balance after \$25 copay	Guardian will pay \$46 max after \$25 Copay	Guardian will pay \$120 retail max + 20% off balance after \$25 copay	Guardian will pay \$48 max after \$25 Copay
Polycarbonate Lenses	Covered in Network for children up to age 20		Covered in Network for children up to age 20	

*All plan eyeglasses at national retailers come with a breakage warranty for repair or replacement of the frame and/or lenses for a period of one year from the date of delivery. At private practice providers the warranty would cover all lenses and frames from the Davis Vision Collection only.

*Contact lenses purchased from Davis Collection are covered in full after the copay, if any, and the contact lens fitting and evaluations are included at no additional charge. The Collection is available at most participating independent provider offices but not in retail locations.

***Annual Maximum and Annual Deductible amounts are based on calendar year (January - December)

Employer Services Corporation

20 Pineview Drive • Amherst • New York 14228 • P 716 691 4455 • F 716 250 6626 • www.myesc.com • benefits@myesc.com

ESC Proprietary & Confidential