


<p>Vision Insurance Plan 09/01/2019 - 09/01/2020</p>	 GUARDIAN®
<p>Exam Co-Pay</p>	<p>\$10</p>
<p>Single Lens Co-pay</p>	<p>\$20</p>
<p>Bi-Focal Co-pay</p>	<p>\$20</p>
<p>Tri-Focal Co-pay</p>	<p>\$20</p>
<p>Lenticular Co-pay</p>	<p>\$20</p>
<p>Frames Allowance</p>	<p>\$130 retail max + 20% off balance</p>
<p>Contact Lens Allowance (Medically necessary)</p>	<p>Covered after copay</p>
<p>Network</p>	<p>VSP Full Feature - Choice B</p>