## **VISION RATE SUMMARY**

	Carrier:	Guardian		Guardian		Sun Life
	Network:	VSP Choice		<b>Davis Vision</b>		VSP Choice
	Examinations:	inations: Once every 12 mos.		Once every 12 mos.		Once every 12 mos.
	Glasses or Contact Lenses:	Once every 12 mos.		Once every 12 mos.		Once every 12 mos.
	Frames:	Once every	24 mos.	Once every	24 mos.	Once every 24 mos.
	Exams (every 12 mo) Network:	\$10 copay		\$10 copay		\$10 copay
	Non-Network:	\$10 copay		\$10 copay		Up to \$52 allowance
		\$25 Lenses & Frames /		\$25 Lenses & Frames /		\$25 copay Lenses &
	Glasses (Lenses & Frames): Network:	\$120 allowance for		\$120 allowance for		Frames / \$130
		Frames		Frames		allowance for Frames
	Non-Network:	Reimbursement		Reimbursement Schedule Up to \$120 Max. Up to \$105 Max. 24 Months		Reimbursement
	Non-Network:	Schedule				Schedule
	Contact Lens Network:	Up to \$120 Max. Up to \$120 Max. 24 Months				\$130 allowance
	Non-Network:					\$105 allowance
	Rate Guarantee:					24 Months
		VSP Choice		Davis		
	MONTHLY RATES:	<u>Current</u>	<u>Renewal</u>	<u>Current</u>	<u>Renewal</u>	<u>Option</u>
	Employee Only:	\$9.67	\$9.67	\$9.67	\$9.67	\$9.67
	Employee + 1:		\$17.44	\$17.44	\$17.44	\$17.44
L	Employee + 2 or more:		\$29.93	\$29.93	\$29.93	\$29.93
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These are preliminary rates only. Final rates are subject to underwriting and/or final enrollment.

This is only a summary of benefits.

Carrier's proposals, summaries, & certificate booklets (when issued) preside over this summary.