Vision insurance

Vision insurance helps protect the health of your eyes by providing coverage for benefits that often aren’t covered by regular medical insurance.

Protecting your eyesight means allowing for routine visits to the optometrist for eye exams, as well as coverage for glasses and contacts. Make sure your eyes remain in great shape at any age – no matter how much time you spend staring at digital screens.

Who is it for?

Even if you have perfect eyesight, it’s important to have regular eye exams to make sure you’re still seeing clearly. Most of us may eventually need vision correction, which is why we offer vision insurance to cover some of the costs.

What does it cover?

Vision insurance covers benefits not typically included in medical insurance plans. It covers things like routine eye exams, allowances towards the purchase of eyeglasses and contact lenses, as well as discounts on corrective Lasik surgery.

Why should I consider it?

Regular eye exams can detect more than failing eyesight, they can also pick up diseases like glaucoma and diabetes. Vision problems are one of the most prevalent disabilities in the United States, making vision insurance especially useful for anyone who regularly needs to purchase eyeglasses or contacts, or anyone who simply wants to help protect their eyesight and general health.

You will receive these benefits if you meet the conditions listed in the policy.

20/20 coverage

David notices that his vision is deteriorating. He goes in for an eye exam, and is diagnosed with myopia, which means he needs glasses.

Average cost of vision exam: $171
Average cost of frames and lenses: $350
Total cost: $521

With a Vision policy from Guardian, David pays just $10 for his eye exam. After $25 in copay, his lenses are fully covered, and he pays $96 for his frames.

David’s total out-of-pocket expense is $131, saving him $390.

This example is for illustrative purposes only. Your plan’s coverage may vary. See your plan’s information on the following pages for specific amounts and details.

GUARDIAN® is a registered trademark of The Guardian Life Insurance Company of America

MACOMB COMMUNITY UNIT DIST 185
ALL ELIGIBLE EMPLOYEES
2020-104313 (07/22)
Your vision coverage

Option 1: Significant out-of-pocket savings available with your Full Feature plan by visiting one of VSP’s network locations.

<table>
<thead>
<tr>
<th>Your Vision Plan</th>
<th>Full Feature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your Network is</td>
<td>VSP Network Signature Plan</td>
</tr>
<tr>
<td>Your Monthly premium</td>
<td>$9.55</td>
</tr>
<tr>
<td>You and Spouse</td>
<td>$15.25</td>
</tr>
<tr>
<td>You and Child(ren)</td>
<td>$15.57</td>
</tr>
<tr>
<td>You, Spouse and Child(ren)</td>
<td>$25.07</td>
</tr>
</tbody>
</table>

Copay

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Exams Copay</td>
<td>$10</td>
</tr>
<tr>
<td>Materials Copay (waived for elective contact lenses)</td>
<td>$25</td>
</tr>
</tbody>
</table>

Sample of Covered Services

<table>
<thead>
<tr>
<th>Service</th>
<th>In-network</th>
<th>Out-of-network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Exams</td>
<td>$0</td>
<td>Amount over $46</td>
</tr>
<tr>
<td>Single Vision Lenses</td>
<td>$0</td>
<td>Amount over $47</td>
</tr>
<tr>
<td>Lined Bifocal Lenses</td>
<td>$0</td>
<td>Amount over $66</td>
</tr>
<tr>
<td>Lined Trifocal Lenses</td>
<td>$0</td>
<td>Amount over $85</td>
</tr>
<tr>
<td>Lenticular Lenses</td>
<td>$0</td>
<td>Amount over $125</td>
</tr>
<tr>
<td>Frames</td>
<td>80% of amount over $120¹</td>
<td>Amount over $47</td>
</tr>
<tr>
<td>Contact Lenses (Elective)</td>
<td>Amount over $120</td>
<td>Amount over $120</td>
</tr>
<tr>
<td>Contact Lenses (Medically Necessary)</td>
<td>$0</td>
<td>Amount over $210</td>
</tr>
<tr>
<td>Contact Lenses (Evaluation and fitting)</td>
<td>15% off UCR</td>
<td>No discounts</td>
</tr>
<tr>
<td>Cosmetic Extras</td>
<td>Avg. 30% off retail price</td>
<td>No discounts</td>
</tr>
<tr>
<td>Glasses (Additional pair of frames and lenses)</td>
<td>20% off retail price^</td>
<td>No discounts</td>
</tr>
<tr>
<td>Laser Correction Surgery Discount</td>
<td>Up to 15% off the usual charge or 5% off promotional price</td>
<td>No discounts</td>
</tr>
</tbody>
</table>

Service Frequencies

<table>
<thead>
<tr>
<th>Service</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exams</td>
<td>Every 12 months</td>
</tr>
<tr>
<td>Lenses (for glasses or contact lenses)</td>
<td>Every 12 months</td>
</tr>
<tr>
<td>Frames</td>
<td>Every 24 months</td>
</tr>
<tr>
<td>Network discounts (glasses and contact lens professional service)</td>
<td>Limitless within 12 months of exam.</td>
</tr>
</tbody>
</table>

Dependent Age Limits

| (Non-Student/ Student) | 26/30 |

Visit www.GuardianAnytime.com and click on “Find a Provider”

VSP

- Benefit includes coverage for glasses or contact lenses, not both.
- Family coverage for spouse and children. The limiting age for unmarried dependents is extended to age 30 if the dependent is a resident of Illinois and has received a release or discharge, other than dishonorable discharge, from military service.
- ^ For the discount to apply your purchase must be made within 12 months of the eye exam. In addition Full-Feature plans offer 20% off additional prescription glasses and nonprescription sunglasses, including lens options, if purchased on the same day as the eye exam from the same VSP doctor who provided the exam.
Your vision coverage

- Charges for an initial purchase can be used toward the material allowance. Any unused balance remaining after the initial purchase cannot be banked for future use. The only exception would be if a member purchases contact lenses from an out of network provider, members can use the balance towards additional contact lenses within the same benefit period.

- 'Extra $20 on select brands
- Members can use their in network benefits on line at Eyeconic.com.

EXCLUSIONS AND LIMITATIONS

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; and eye examination or corrective eyewear required by an employer as a condition of employment; replacement of frames that are furnished under this plan, which are lost or broken (except at normal intervals when services are otherwise available or a warrant 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 they 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:

Discounts on average of 10-20% off usual and customary charge or 5% off promotional price for vision laser Surgery. Members out-of-pocket costs are limited to $1,800 per eye for LASIK or $1,500 per eye for PRK or $2300 per eye for Custom LASIK, Custom PRK, or Bladeless LASIK.

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.

Guardian’s Vision Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. 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 Department of Financial Services. Plan documents are the final arbiter of coverage.

Policy Form # GP-1-GVSN-17

GUARDIAN® is a registered trademark of The Guardian Life Insurance Company of America

MACOMB COMMUNITY UNT DIST 185
ALL ELIGIBLE EMPLOYEES

Your benefits as of 11/09/2020
Group number: 00378553
College Tuition Benefit Program

Get closer to your college savings goals by earning valuable rewards that can help you pay for a loved one’s tuition.

Paying for college is one of the most significant financial goals families face. That can mean decades of saving, but Guardian is able to help.

Our College Tuition Benefit Program gives you reward-based points when you sign up for a plan – helping you save and reduce the cost of tuition.

How it works

Every reward point equals $1 off the cost of full tuition
You’ll earn 2,000 points annually, per line of qualifying Guardian coverage purchased

Every student on your account starts with 500 reward points

Tuition Reward points can be used at over 400+ four-year undergraduate colleges and universities across the U.S. that are in the SAGE network. Plus, Guardian dental members earn an extra 2,500 points after the fourth year.

How to sign up

To set up your SAGE Scholars Tuition Rewards account, you’ll need a few personal details.

User ID
Your Guardian Group Plan Number

Password
Guardian

There are two important deadlines that must be met to utilize rewards points:

1. Adding Students and Pledging Tuition Rewards: Students must be registered by the member by August 31 of the year when the student begins 12th grade. The last day for pledging earned Tuition Rewards to a student is August 31 of the year the student begins 12th grade. This is also the last day for a student to earn any Student Tuition Rewards from any source.

2. Submitting Student Tuition Rewards to member schools:
Using the college and university list available in the member’s account, the member must submit a Tuition Rewards statement to any member school(s) a registered student applies to within ten days of the application being submitted.

This service is only available if you purchase qualifying lines of coverage. See your plan administrator for more details.

* Except for Guardian Davis Vision Plan Rewards, which are provided by Davis Vision.
The Tuition Rewards program is provided by SAGE CTB, LLC. Guardian does not provide any services related to this program. SAGE CTB, LLC is not a subsidiary or an affiliate of Guardian. Guardian reserves the right to discontinue the College Tuition Benefit program at any time without notice. The College Tuition Benefit is not an insurance benefit and may not be available in all states. Group insurance coverage is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states.
Our commitment to you

Please read the documentation referenced below carefully. The notices are intended to provide you important information about our insurance offerings and to protect your interests. Certain ones are required by law.

Important information

**Notice Informing Individuals about Nondiscrimination and Accessibility Requirements**
Guardian notice stating that it complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, sex, or actual or perceived gender identity. The notice provides contact information for filing a nondiscrimination grievance. It also provides contact information for access to free aids and services by disabled people to assist in communications with Guardian.
Visit [https://www.guardiananytime.com/notice48](https://www.guardiananytime.com/notice48) to read more.

**No Cost Language Services**
Guardian provides language assistance in multiple languages for members who have limited English proficiency.
Visit [https://www.guardiananytime.com/notice46](https://www.guardiananytime.com/notice46) to read more.

Dental insurance

**DHMO Plan and Orthodontic Schedules, Limitations and Exclusions, Fine Print**
May include one or more of the following publications, depending upon plan and state: Employee out of pocket charges based on CDT codes, brief summary of limitations and exclusions applicable to the DHMO plan and important plan rules for: emergency & alternate treatment; crown, bridges & dentures; pediatric services; second surgical opinions; noble and high noble metals; general anesthesia & IV sedation; orthodontic treatment; treatment on progress; and continuity of care.
Visit [https://www.guardiananytime.com/notice793](https://www.guardiananytime.com/notice793) to read more.

Vision insurance

**Guardian's HIPAA Notice of Privacy Practices**
The notice describes how health information about you may be used and disclosed and how you can access this information.
Visit [https://www.guardiananytime.com/notice50](https://www.guardiananytime.com/notice50) to read more.
Enrollment/Change Form

Employer Name: MACOMB COMMUNITY UNT DIST 185
Group Plan Number: 00378553
Benefits Effective: 

Please print clearly and mark carefully.

Guardian Life, P.O. Box 14319, Lexington, KY 40512

About You:
First, MI, Last Name: 
Address: 
City: State: Zip: 
Social Security Number: 
Gender: M F Date of Birth (mm-dd-yyyy): Phone: ( ) - 
Email Address: 
Are you married or do you have a spouse? Yes No Date of marriage/union: 
Do you have children or other dependents? Yes No Placement date of adopted child: 

About Your Job:
Job Title: 
Work Status: Active Retired Cobra/State Continuation 
Date of full time hire: 

About Your Family: Please include the names of the dependents you wish to enroll for coverage. A dependent is a person that you, as a taxpayer, claim; who relies on you for financial support; and for whom you qualify for a dependent tax exemption. Dependent tax exemptions are subject to IRS rules and regulations. Additional information may be required for non-standard dependents such as a grandchild, a niece or a nephew.

Spouse (First, MI, Last Name): Gender: M F Social Security Number: Date of Birth (mm-dd-yyyy): 
Address/City/State/Zip: 
Phone: ( ) - 

Child/Dependent 1: Gender: M F Social Security Number: Status (check all that apply) 
Add Drop Student (post high school) Disabled 
Non standard dependent 
Address/City/State/Zip: 
Phone: ( ) - 

Child/Dependent 2: Gender: M F Social Security Number: Status (check all that apply) 
Add Drop Student (post high school) Disabled 
Non standard dependent 
Address/City/State/Zip: 
Phone: ( ) -
## Child/Dependent 3:
- **Address/City/State/Zip:**
- **Phone:** ( ) -

### Drop Coverage:
- **Gender:**
- **Social Security Number:**
- **Date of Birth (mm-dd-yyyy):**

### Coverage Being Dropped:
- **Dental:**
- **Vision:**

## Child/Dependent 4:
- **Address/City/State/Zip:**
- **Phone:** ( ) -

### Drop Coverage:
- **Gender:**
- **Social Security Number:**
- **Date of Birth (mm-dd-yyyy):**

### Coverage Being Dropped:
- **Dental:**
- **Vision:**

---

### Dental Coverage:
- **Your Monthly Premium**
  - **Employee Only**
  - **EE & Spouse & Dependent**
  - **EE & Spouse & Dependent/Child(ren)**

<table>
<thead>
<tr>
<th>Option</th>
<th>Dental Care</th>
<th>PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$19.81</td>
<td>$47.34</td>
</tr>
<tr>
<td></td>
<td>$38.52</td>
<td>$88.16</td>
</tr>
<tr>
<td></td>
<td>$50.77</td>
<td>$138.86</td>
</tr>
</tbody>
</table>

- If Managed Dental Care is selected, you must have a Primary Care Dentist (PCD). Please designate your PCD(s) by listing dental office location number(s) for each person. Please visit guardianlife.com for a list of providers. If you do not select a PCD, one will be assigned for you.

### Vision Coverage:
- **Your Monthly Premium**
  - **Employee Only**
  - **EE & Spouse**
  - **EE & Spouse & Dependent/Child(ren)**

<table>
<thead>
<tr>
<th>Full Feature</th>
<th>Dental Care</th>
<th>PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$9.55</td>
<td>$47.34</td>
</tr>
<tr>
<td></td>
<td>$15.25</td>
<td>$88.16</td>
</tr>
<tr>
<td></td>
<td>$15.57</td>
<td>$138.86</td>
</tr>
<tr>
<td></td>
<td>$25.07</td>
<td></td>
</tr>
</tbody>
</table>

- If you do not want this Vision Coverage, please mark all that apply:
Signature

- I understand that my dependent(s) cannot be enrolled for a coverage if I am not enrolled for that coverage.
- An employee's decision to elect Vision or not elect Vision must be retained until the next plan's Open Enrollment period. If the employee elects not to enroll in vision coverage, they are not eligible to enroll until the plan's next Open Enrollment period.
- I understand that the premium amounts shown above are estimations and are for illustrative purposes only.
- Submission of this form does not guarantee coverage. Among other things, coverage is contingent upon underwriting approval and meeting the applicable eligibility requirements as set forth in the applicable benefit booklet.
- I understand that if I waive coverage, I may not be eligible to enroll until the next open enrollment period. Late entrant penalties may apply. I understand that I may also have to provide, at my own expense, proof of each person's insurability. Guardian or its designee has the right to reject my request.
- I understand that my coverage will not be effective until approved by Guardian or its designated underwriter.
- I hereby apply for the group benefit(s) that I have chosen above.
- I understand that I must meet eligibility requirements for all coverages that I have chosen above.
- I agree that my employer may deduct premiums from my pay if they are required for the coverage I have chosen above.
- I acknowledge and consent to receiving electronic copies of applicable insurance related documents, in lieu of paper copies, to the extent permitted by applicable law. I may change this election only by providing thirty (30) day prior written notice.
- I attest that the information provided above is true and correct to the best of my knowledge.

Any person who with intent to defraud any insurance company or other person files an application for insurance or statements of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and may also be subject to civil penalties, or denial of insurance benefits.

The state in which you reside may have a specific state fraud warning. Please refer to the attached Fraud Warning Statements page.

The laws of New York require the following statement appear: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. (Does not apply to Life Insurance.)

SIGNATURE OF EMPLOYEE ___________________________________________ DATE ________________

Fraud Warning Statements

The laws of several states require the following statements to appear on the enrollment form:

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defeating or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Connecticut, Iowa, Nebraska, and Oregon: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application of insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, may be guilty of a fraudulent insurance act, which may be a crime, and may also be subject to civil penalties.

Delaware, Indiana and Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kansas: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application of insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, may be guilty of insurance fraud as determined by a court of law.

www.guardianlife.com
<table>
<thead>
<tr>
<th>State</th>
<th>Law Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kentucky</td>
<td>Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.</td>
</tr>
<tr>
<td>Louisiana and Texas</td>
<td>Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit is guilty of a crime and may be subject to fines and confinement in state prison.</td>
</tr>
<tr>
<td>Maine, Tennessee and Washington</td>
<td>It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.</td>
</tr>
<tr>
<td>Maryland</td>
<td>Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.</td>
</tr>
<tr>
<td>Minnesota</td>
<td>A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in N.H. Rev. Stat. Ann. § 638:20</td>
</tr>
<tr>
<td>New Jersey</td>
<td>Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.</td>
</tr>
<tr>
<td>New Mexico</td>
<td>Any person who knowingly presents a false or fraudulent claim for payment or a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties or denial of insurance benefits.</td>
</tr>
<tr>
<td>Ohio</td>
<td>Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.</td>
</tr>
<tr>
<td>Vermont</td>
<td>Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.</td>
</tr>
<tr>
<td>Virginia</td>
<td>Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.</td>
</tr>
</tbody>
</table>