

NEW YORK VISION BENEFIT – GENERAL DISCLOSURES

For more detailed information regarding your vision benefits or any other assistance regarding your vision plan, please contact us at the telephone number on your ID card or contact your employer.

BENEFIT OVERVIEW

Depending on the Vision Benefit Plan elected, your plan may include coverage for eye exams, glasses frames, lenses and elective contacts lenses. Some plans may have coverage for medically necessary contacts, which may require prior approval from your plan before any benefits would be paid. Some benefits have limits on how much we'll pay. If the cost of the product you purchase or the product you receive exceeds this limit, you'll be responsible for paying the balance. In-network providers may offer a discount on the amount you're responsible for paying.

NETWORK PROVIDERS

You can go to any vision care provider you choose, but you'll usually pay less when you use a provider in our network. For information regarding out-of-network benefits, please contact the number on your ID card.

If you aren't sure if your vision care provider is a member of our network, you can simply ask your provider, or you can review a list of providers at guardianlife.com by selecting 'Find a Vision Provider'. You may also contact us directly at 1-888-482-7342 for further assistance.

PREMIUMS

For your insurance coverage to begin and remain in place, the required premiums must be paid. We worked with your employer to decide how and when the premium payments must be made. Please contact your employer to verify details regarding your financial responsibility for premium payments.

COPAYMENTS & ALLOWANCES

You may have to pay a copayment each time you purchase a product or receive a service that's covered by your vision plan.

Some products and services may be subject to an allowance. This is the maximum amount we'll pay for the product or service for the period specified. The allowance available for products and services received from an in-network provider is typically more than the amount available when you use an out-of-network provider.

CLAIMS SUBMISSION

If you see an in-network provider, they will typically submit your claim directly. All claims must be submitted within the timeframe required by your plan. If you need assistance with submission of an in or out-of-network claim or have any other claim related questions including whether any benefits covered under your plan are subject to clinical necessity review, please contact us at the telephone number on your ID card.

AVAILABILITY OF TRANSLATION SERVICES

Translation services are available free of charge for non-English speaking members. Please contact us at the telephone number on your ID card to access these services.

COMPLAINTS

You may file a complaint by contacting the telephone number on your ID card. Additionally, if you are dissatisfied with a claim appeal determination or at any other time you're dissatisfied, you may call the New York State Department of Financial Services at 1-800-342-3736 or write them at:

New York State Department of Financial Services
Consumer Assistance Unit
One Commerce Plaza
Albany, NY 12257
www.dfs.ny.gov

If you need assistance filing a grievance or appeal, you may also contact the state independent Consumer Assistance Program at:

Community Health Advocates
633 Third Avenue, 10th Fl.
New York, NY 10017
Call toll free: 1-888-614-5400/e-mail cha@cssny.org