

# The Principia

## 2010 Vision Benefit

*Vision coverage is a voluntary election. Principia sponsored healthcare plans DO NOT include vision coverage. The Vision Plan is open to all benefit-eligible employees regardless of participation in the group healthcare program. Your election levels (Employee, Emp+One, Family) do not need to match.*

<b>Guardian Davis Vision Network</b>		
<b>Provider List:</b>	<a href="http://www.guardianlife.com">www.guardianlife.com</a>	
	In-Network	Out-of-Network
<b>VISION EXAM</b>	\$10 Copay	\$46 max after \$10 Copay
<b>Exam Frequency</b>	once every 12 Months	
<b>VISION MATERIALS (1)</b>	\$25 Copay (applies to contacts or lenses/frames)	
<b>LENSES (2)</b>	once every 12 Months	
Single Vision	\$25 Copay	\$47 max after \$25 Copay
BiFocal	\$25 Copay	\$66 max after \$25 Copay
TriFocal	\$25 Copay	\$85 max after \$25 Copay
Lenticular	\$25 Copay	\$125 max after \$25 Copay
<b>FRAMES</b>	once every 24 Months	
Choose from any frame available	\$135 retail after \$25 Copay	\$47 max after \$25 Copay
<b>CONTACTS</b>	once every 12 Months	
<b>Elective</b> - fit, follow-up & materials	\$25 copay for approved lens; otherwise \$135 max (no copay)	\$105 Max
<b>Medically Necessary</b> - fit, follow-up & materials	\$25 Copay	\$210 max after \$25 Copay
<b>Product Guarantee</b>	One (1) year unconditional guarantee on purchases under the Plan	
<b>Rate Guarantee</b>	1 Year	
<b>Rates</b>	<b>Rates</b>	
- Employee:	\$7.36	
- Emp + Spouse:	\$12.40	
- Emp + Child(ren):	\$12.64	
- Family:	\$20.00	

*(1) Benefit applies to either eye glasses or contact lenses, not both.*

*(2) Benefit includes lens upgrades such as tinting and coatings. (A small co-pay may be required for specialty lenses)*