Prepared for **Cardone Ventures LLC**Guardian Group Plan Number **00073733**

Vision Plans

Option 1: Significant out-of-pocket savings available with your Full Feature plan by visiting one of Avesis's network locations including retail centers such as Wal-Mart®, JCPenney®, Target®, Sam's Club®, Costco®, Pearle®, America's Best®, For Eyes® and Visionworks®.

Option 2: Significant out-of-pocket savings available with your Full Feature plan by visiting one of VSP's network locations, including one of the largest private practice provider networks, Visionworks and contracted Pearle Vision locations.

Your Vision Plan	Option 1: Full Feature	Option 2: Full Feature VSP Choice Network	
Network	Avesis		
Copay			
Exams Copay	\$ 10	\$ 10	
Materials Copay (waived for elective contact lenses)	\$ 25	\$ 25	
Service Frequencies			
Exams	Every calendar year	Every calendar year	
Lenses (for glasses or contact lenses)‡‡	Every calendar year	Every calendar year	
Frames	Every calendar year	Every calendar year	
Network discounts (glasses and contact lens professional service)	Courtesy discounts from most providers up to 20% off providers UCR	Limitless within 12 months of exam.	
Dependent Age Limits	26	26	

YOUR GUARDIAN PLAN OFFERS:

Reduced prices Members save Up to 20% off Providers UCR on an extensive list of "cosmetic extras", including special lenses and scratch resistant coatings.

No claims submission for in-network services and supplies.

Did you know?

"Two-thirds of employees would rather trade a vacation day for eyecare benefits." – Bests Review, 2006

PLAN DETAILS	OPTION 1: FULL FEATURE		UPIIUN 2: FULL FEATURE	
	You Pay:		You pay (after copay if applicable):	
	In-network	Out-of-network	In-network	Out-of-network
Eye Exams	\$0	Amount over \$59	\$0	Amount over \$39
Single Vision Lenses	\$0	Amount over \$30	\$0	Amount over \$23
Lined Bifocal Lenses	\$0	Amount over \$50	\$0	Amount over \$37
Lined Trifocal Lenses	\$0	Amount over \$65	\$0	Amount over \$49
Lenticular Lenses	\$0	Amount over \$100	\$0	Amount over \$64
Frames	80% of amount over \$150	Amount over \$70	80% of amount over \$1501	Amount over \$46
Costco, Walmart and Sam's Club Frame Allowance	N/A		Amount over \$80	
Contact Lenses (Elective)	Amount over \$150	Amount over \$120	Amount over \$150	Amount over \$100
Contact Lenses (Medically Necessary)	\$0	Amount over \$210	\$0	Amount over \$210
Contact Lenses (Evaluation and fitting)	Standard \$50;Custom \$75	No discounts	15% off UCR	No discounts
Cosmetic Extras	Up to 45% off providers UCR	No discounts	Avg. 20-25% off retail price	No discounts
Glasses (Additional pair of frames and lenses)	Courtesy discount from most providers up to 20% off providers UCR	No discounts	20% off retail price**	No discounts
Laser Correction Surgery Discount	Up to 25% off the national average	No discounts	Up to 15% off the usual charge or 5% off promotional price	No discounts
Hearing	Savings of 30-60% at an Epic Hearing Provider	No discounts	N/A	N/A
To Find a Provider:	Register at VSP.com to fin	nd a participating provider.		

OPTION 1. FILL FEATURE

This is only a partial list of vision services. Your certificate of benefits will show exactly what is covered and excluded.

VSP

DI AN DETAILS

- ‡‡Benefit includes coverage for glasses or contact lenses, not both.
- ** For the discount to apply your purchase must be made within 12 months of the eye exam.
- 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.

OPTION 2. FILL FEATURE

- ¹Extra \$20 on select brands.
- . Members can use their in network benefits on line at Eyeconic.com.
- In Network Routine Retinal Screening Covered after no more than a \$39 copay.

Avesis

- ‡‡Benefit includes coverage for glasses or contact lenses, not both.
- The contact lens allowance is applied to the cost of the contacts and the fitting and evaluation when the member utilizes an OON provider.
- Complete eyeglasses must be purchased at one time from one provider. For example, if a member purchases only lenses, he or she cannot purchase frames later in the same benefit period. The member is not eligible for new vision materials until the next benefit period.
- Due to lower prices being available at Walmart, Sam's Club and Costco locations, the discounts do not apply.

• Not all Pearle Vision stores are participating in network locations. Not all doctors in the retail locations are in network. Some retail locations are materials only and do not offer exams. See the directory and contact the location to ensure participation.

This document is a summary of the major features of the referenced insurance coverage. It is intended for illustrative purposes only and does not constitute a contract. The insurance plan documents, including the policy and certificate, comprise the contract for coverage. The full plan description, including the benefits and all terms, limitations and exclusions that apply will be contained in your insurance certificate. The plan documents are the final arbiter of coverage. Coverage terms may vary by state and actual sold plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium actually billed, the latter prevails.