



Thompson Technologies Incorporated

Benefits Plan

Here is your new coverage. **Make sure you return the completed form, if applicable, to your plan administrator.**

If you miss the deadline, the coverage may be delayed or you may not be eligible for enrollment this year and proof of insurability *may* be required.



HIGHLIGHTS:

- **Protect your family's future, with life coverage**
- **Disability coverage provides a regular check if you have an accident or illness**
- **Comprehensive dental care for all your needs**
- **High-quality vision care coverage**

Questions? Concerns?

*Helpline (888) 600-1600
Call weekdays, 8:00AM to 8:30PM, EST*

*Learn more about Guardian at
www.guardianlife.com.*



COVER YOURSELF WITH GUARDIAN

Guardian is a leading provider in group and individual insurance coverage.

Founded in 1860, The Guardian Life Insurance Company of America is one of the largest mutual insurance companies in the United States. Today, more than six million employees and their families rely on Guardian as their benefits partner. As one of the few insurers still mutually owned by our participants, we have built our success on the time-tested values of quality, innovation and unmatched service.

For more information on how we can protect you and your family, visit www.guardianlife.com.

Vision Plans

UNDERSTAND YOUR PLAN

Visit any doctor with your **Full Feature** plan, but save by visiting any of the 34,000 locations in the nation's largest vision network.

| UNDERSTAND YOUR PLAN | Full Feature |
|--|-------------------------------------|
| Copay | |
| Exams Copay | \$ 20 |
| Materials Copay (waived for elective contact lenses) | \$ 20 |
| Service Frequencies | |
| Exams | Every 12 months |
| Lenses (<i>for glasses or contact lenses</i>) | Every 12 months |
| Frames | Every 24 months |
| Network discounts (cosmetic extras, glasses and contact lens professional service) | Limitless within 12 months of exam. |
| Network | VSP |

YOUR GUARDIAN PLAN OFFERS:

Family coverage for spouse and children to age 20 (26 if full-time student).

Reduced prices An average 15% to 30% discount off 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**FULL FEATURE***You pay (after copay if applicable):*

| | <i>In-network</i> | <i>Out-of-network</i> |
|---|--|-----------------------------|
| Eye exams | \$0 | Amount over \$46 |
| Single Vision Lenses | \$0 | Amount over \$47 |
| Lined Bifocal Lenses | \$0 | Amount over \$66 |
| Lined Trifocal Lenses | \$0 | Amount over \$85 |
| Lenticular Lenses | \$0 | Amount over \$125 |
| Frames | 80% of amount over \$120 allowance | Amount over \$47 |
| Contact Lenses (<i>Elective</i>) | Amount over \$120 allowance | Amount over \$120 allowance |
| Contact Lenses (<i>Medically necessary</i>) | \$0 | Amount over \$210 |
| Contact Lenses (<i>Evaluation and fitting</i>) | 15% off UCR | No discounts |
| Cosmetic Extras | Avg. 20-30% off retail price | No discounts |
| Glasses (<i>Additional pair of frames and lenses</i>) | 20% off retail price | No discounts |
| Laser Correction Surgery Discount | Up to 25% off the usual charge or 5% off promotional price | No discounts |

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

** See your certificate booklet for details.*