

St. Cloud Area School District 742  
Eye Care Highlight Sheet



**Plan 2: Vision Choice Brochure: Balanced Care Vision II Plan H Summary**

**Effective Date: 10/1/2019**

	<b>EyeMed Insight Network</b>	<b>Out of Network</b>
<b>Deductibles</b>	\$10 Exam \$25 Eye Glass Lenses Covered in full	No deductible
<b>Annual Eye Exam</b>	Covered in full	Up to \$35
<b>Lenses (per pair)</b>		
<b>Single Vision</b>	Covered in full	Up to \$25
<b>Bifocal</b>	Covered in full	Up to \$40
<b>Trifocal</b>	Covered in full	Up to \$55
<b>Lenticular</b>	20% discount	No benefit
<b>Progressive</b>	See lens options	NA
<b>Contacts</b>		
<b>Fit &amp; Follow Up Exams</b>		
Standard	Standard: Participant cost up to \$40	No benefit
Premium (Allowance)	Premium: 10% off of retail	No benefit
<b>Elective</b>	Up to \$150	Up to \$120
<b>Medically Necessary</b>	Covered in full	Up to \$200
<b>Frames</b>	\$150	Up to \$75
<b>Frequencies (months)</b>		
Exam/Lens/Frame	12/12/24 Based on date of service	12/12/24 Based on date of service

**Lens Options (participant cost)**

	<b>EyeMed Insight Network</b>	<b>Out of Network</b>
<b>Progressive Lenses</b>		
<b>Standard</b>	\$65 + lens deductible	No benefit
<b>Premium</b>		
Tier 1	\$85 + lens deductible	No benefit
Tier 2	\$95 + lens deductible	No benefit
Tier 3	\$110 + lens deductible	No benefit
Tier 4	\$65 plus 80% of charge less \$120 allowance	No benefit
<b>Std. Polycarbonate</b>	\$40	No benefit
<b>Tint (solid and gradient)</b>	\$15	No benefit
<b>Scratch Resistant Coating</b>	\$15	No benefit
<b>Anti-Reflective Coating</b>		
<b>Standard</b>	\$45	No benefit
<b>Premium</b>		
Tier 1	\$57	No benefit
Tier 2	\$68	No benefit
Tier 3	80% of the charge	No benefit
<b>Ultraviolet Coating</b>	\$15	No benefit
<b>Lasik or PRK</b>	Average discount of 15% off retail price or 5% off promotional price at US Laser Network participating providers.	No benefit

**Monthly Rates**

<b>Employee Only (EE)</b>	\$8.64
<b>EE + Family</b>	\$21.60



### Additional Balanced Care Vision II H Features

<b>EyeMed In-Network Discounts</b>	15% discount off the remaining balance in excess of the conventional contact lens allowance. 20% discount off the remaining balance in excess of the frame allowance. 20% discount on items not covered by the plan at network providers, which may not be combined with any other discounts or promotional offers. This discount does not apply to EyeMed Provider's professional services, or contact lenses.
<b>EyeMed In-Network Secondary Purchase Plan</b>	Participants receive a 40% discount on a complete pair of glasses once the funded benefit has been exhausted. Participants receive a 15% discount off the retail price on conventional contact lenses once the funded benefit has been exhausted. Discount applies to materials only.
<b>Contact Lens Replacement by Mail Program</b>	After exhausting the contact lens benefit, replacement lenses may be obtained at significant discounts on-line. Visit <a href="http://EyeMedvisioncare.com">EyeMedvisioncare.com</a> for details.

### Eye Care Plan Participant Service

Balanced Care Vision II eye care from The Standard features the money-saving eye care network of EyeMed Vision Care. Customer service is available to plan participants through EyeMed's well-trained and helpful service representatives. Call or go online to locate the nearest EyeMed network provider, view plan benefit information and more.

#### EyeMed Customer Care Center: 1-866-289-0614

- Service representative hours: 8 a.m. to 11 p.m. ET Monday through Saturday, 11 a.m. to 8 p.m. ET Sunday
- Interactive Voice Response available 24/7

**Locate an EyeMed provider at:** [standard.com/services](http://standard.com/services)

**View plan benefit information at:** [eyemedvisioncare.com](http://eyemedvisioncare.com)

### Section 125

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

**This form is a benefit highlight, not a certificate of insurance. This policy has exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or terminated. Please contact The Standard [or your employer] for additional information, including costs and complete details of coverage.**