

REPUBLIC R-III SCHOOL DISTRICT  
Eye Care Highlight Sheet



Plan 1: Balanced Care Vision I Plan Summary

Effective Date: 7/1/2017

	VSP Network	Out of Network
<b>Deductibles</b>		
	\$10 Exam	\$10 Exam
	\$25 Eye Glass Lenses or Frames*	\$25 Eye Glass Lenses or Frames
<b>Annual Eye Exam</b>	Covered in full	Up to \$52
<b>Lenses (per pair)</b>		
<b>Single Vision</b>	Covered in full	Up to \$55
<b>Bifocal</b>	Covered in full	Up to \$75
<b>Trifocal</b>	Covered in full	Up to \$95
<b>Lenticular</b>	Covered in full	Up to \$125
<b>Progressive</b>	See lens options	NA
<b>Contacts</b>		
<b>Fit &amp; Follow Up Exams</b>	Participant cost up to \$60	No benefit
<b>Elective</b>	Up to \$120	Up to \$105
<b>Medically Necessary</b>	Covered in full	Up to \$210
<b>Frames</b>	\$120	Up to \$45
<b>Frequencies (months)</b>		
<b>Exam/Lens/Frame</b>	12/12/24	12/12/24
	Based on date of service	Based on date of service

\*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

Lens Options (participant cost)\*

	VSP Network	Out of Network
<b>Progressive Lenses</b>	Up to provider's contracted fee for Lined Trifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Trifocal allowance.
<b>Std. Polycarbonate</b>	Covered in full for dependent children	No benefit
	\$25 adults	
<b>Solid Plastic Dye</b>	\$13	No benefit
	(except Pink I & II)	
<b>Plastic Gradient Dye</b>	\$15	No benefit
<b>Photochromatic Lenses</b>	\$27-\$76	No benefit
<b>(Glass &amp; Plastic)</b>		
<b>Scratch Resistant Coating</b>	\$15-\$29	No benefit
<b>Anti-Reflective Coating</b>	\$39-\$75	No benefit
<b>Ultraviolet Coating</b>	\$14	No benefit

\*Lens Option participant costs vary by prescription, option chosen and retail locations.

Monthly Rates

<b>Employee Only (EE)</b>	\$12.00
<b>EE + Spouse</b>	\$22.32
<b>EE + Children</b>	\$22.32
<b>EE + Spouse &amp; Children</b>	\$32.64



### Additional Balanced Care Vision I Features

<b>Contact Lenses Elective</b>	Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3 or 6 month supply). Applies when contacts are chosen in lieu of glasses. For plans without a separate contact fitting & evaluation (which includes follow up contact lens exams), the cost of the fitting and evaluation is deducted from the allowance.
<b>Additional Glasses</b>	20% off additional complete pairs of prescription glasses and/or prescription sunglasses.*
<b>Frame Discount</b>	VSP offers 20% off any amount above the retail allowance.*
<b>Laser VisionCare</b>	VSP offers an average discount of 15% off or 5% off a promotional offer for LASIK Custom LASIK and PRK. The maximum out-of-pocket per eye for participants is \$1,800 for LASIK and \$2,300 for custom LASIK using Wavefront technology, and \$1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.
<b>Low Vision</b>	With prior authorization, 75% of approved amount (up to \$1,000 is covered every two years).

*Based on applicable laws, reduced costs may vary by doctor location.*

### Eye Care Plan Participant Service

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

#### VSP Call Center: 1-800-877-7195

- Service representative hours: 5 a.m. to 7 p.m. PST Monday through Friday, 6 a.m. to 2:30 p.m. PST Saturday
- Interactive Voice Response available 24/7

**Locate a VSP provider at:** [standard.com/services](http://standard.com/services)

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