

ALEXANDER LOCAL SCHOOL DISTRICT

Eye Care Highlight Sheet

Plan 2: Balanced Care Vision 1 Plan Summary

Effective Date: 7/1/2011

	VSP Signature Network	Out of Network
Deductibles		
	\$15 Exam	\$15 Exam
Annual Eye Exam	\$15 Eye Glass Lenses or Frames*	\$15 Eye Glass Lenses or Frames*
Lenses (per pair)	Covered in full	Up to \$52
Single Vision	Covered in full	Up to \$55
Bifocal	Covered in full	Up to \$75
Trifocal	Covered in full	Up to \$95
Lenticular	Covered in full	Up to \$125
Progressive	See lens options	NA
Contacts		
Fit & Follow Up Exams	15% discount See Additional Balanced Care Vision I Features.	No benefit
Elective	Up to \$80	Up to \$80
Medically Necessary	Covered in full	Up to \$210
Frames	\$80	Up to \$40
Frequencies (months)		
Exam/Lens/Frame	12/12/24 Based on date of service	12/12/24 Based on date of service

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

Lens Options (participant cost)*

	VSP Signature Network	Out of Network
Progressive Lenses	\$60-\$119	No benefit
Std. Polycarbonate	Covered in full for dependent children \$25 - \$35 adults	No benefit
High Luster Edge Polish	\$14	No benefit
Solid Plastic Dye	\$13 (except Pink I & II)	No benefit
Plastic Gradient Dye	\$15	No benefit
Photochromatic Lenses (Glass & Plastic)	\$27-\$76	No benefit
Scratch Resistant Coating	\$15-\$29	No benefit
Anti-Reflective Coating	\$39-\$61	No benefit
Ultraviolet Coating	\$15	No benefit
Lasik or PRK	Average discount of 15% off retail. See Additional Balanced Care Vision I Features.	No benefit

*Lens Option participant costs vary by prescription and option chosen.

Rates

12 Month Pay Cycle

Employee Only (EE)	\$9.14
EE + 1 Dependent	\$18.89
EE + 2 or more Dependents	\$26.57



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Additional Balanced Care Vision I Features

Contact Lenses Elective	Cost of the fitting and evaluation is deducted from the allowance and any amount left is deducted from the material allowance. 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 chosen in lieu of glasses. New and current soft contact lens wearers may be eligible for a special program that includes an initial contact lens evaluation and initial supply of lenses. Contact VSP or your VSP provider for additional details.
Additional Glasses	20% discount off the retail price on additional pairs of prescription glasses (complete pair).
Frame Discount	VSP offers a 20% discount off the remaining balance in excess of the frame allowance.
Laser VisionCare	VSP offers an average discount of 15% on 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.
Low Vision	With prior authorization, 75% of approved amount (up to \$1,000 is covered every two years).

Eye Care Plan Participant Service

Balanced Care Vision III eye care from The Standard was designed specifically for the associates of **ALEXANDER LOCAL SCHOOL DISTRICT**. The Standard makes sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions.

Customer Service: 1-800-547-9515

- Service representative hours: 7 a.m. to midnight CT Monday through Thursday, 7 a.m. to 6:30 p.m. CT Friday
- Interactive Voice Response available 24/7

View plan benefit information at: standard.com

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

View plan benefit information at: 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

