



Balanced Care Vision II Plan H Summary

Uses EyeMed Access Network

	EyeMed Access Network	Out of Network
Deductibles		No deductible
Annual Eye Exam	\$10 Exam	
Lenses (per pair)	\$25 Eye Glass Lenses	Up to \$35
Single Vision	Covered in full	Up to \$25
Bifocal	Covered in full	Up to \$40
Trifocal	Covered in full	Up to \$55
Lenticular	20% discount	No benefit
Progressive	See lens options	NA
Contacts - Elective	Up to \$115	Up to \$100
Contact - Medically Necessary	Covered in full	Up to \$200
Frames	Up to \$110	Up to \$45
Frequencies (months)		
Exam/Lens/Frame	12/12/24	12/12/24
	Based on date of service	Based on date of service

Lens Options (participant cost)

	EyeMed Network	Out of Network
Progressive Lenses		No benefit
Standard	Standard: \$65 + lens deductible	
Premium	Premium: lens cost - 20% discount - \$120 allowance + Standard Progressive cost	
Std. Polycarbonate	\$40	No benefit
Tint (solid and gradient)	\$15	No benefit
Scratch Resistant Coating	\$15	No benefit
Anti-Reflective Coating	\$45	No benefit
Ultraviolet Coating	\$15	No benefit
Lasik or PRK	Average discount of 15% off retail price or 5% off promotional price at US Laser Network participating providers.	No benefit

Monthly Rates*

Employee (EE)	\$7.48
EE + Spouse	\$16.12
EE + Children	\$13.00
Family	\$21.64

*Assumes policyholder is contributing less than 100% of the employee premium and the vision participation is not tied to dental. Membership in NYSBG Wellness Package is required to enroll in this plan. \$5 monthly or \$10 quarterly administrative fee applies to each invoice.



Standard Insurance Company
Benefit and Cost Summary Highlight Sheet
Plan Administered by Conference Associates, Inc.
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Additional Balanced Care Vision II H Features

EyeMed In-Network Discounts	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.
EyeMed In-Network Secondary Purchase Plan	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 contact lenses once the funded benefit has been exhausted. Discount applies to materials only.
Contact Lens Replacement by Mail Program	After exhausting the contact lens benefit, replacement lenses may be obtained at significant discounts on-line. Visit EyeMedvisioncare.com 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: 1-866-939-3633

- 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

View plan benefit information at: eyemedvisioncare.com

This form is a benefit highlight, not a certificate of insurance.

Triple Choice Eye Care Plans

Triple Choice Plans let you offer your employees a choice between three plans in one policy. Your employees select the plan that best suits their coverage and financial needs.

- On the policy effective date, all eligible employees must choose between the three plans shown or choose to waive coverage. The employee must remain in the plan he or she chose until the next renewal date. At each annual election period, employees may switch between plans without penalty.