

# City of Hannibal & Board of Public Works



## Group Vision Insurance

Help protect your eye health with coverage for exams, glasses and contacts.

This summary of benefits and coverage shows how you and The Standard would share the cost for covered vision care services.  
NOTE: This is only a summary; for detailed information on coverage, please consult your certificate of coverage.

### Plan 1: Balanced Care Vision II Plan H Summary

Effective Date: 1/1/2024

	EyeMed Insight Network	Out of Network
Deductibles		
	\$10 Exam	No deductible
	\$25 Eye Glass Lenses	
Annual Eye Exam	Covered in full	Up to \$35
Lenses (per pair)		
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	Not covered
Progressive	See lens options	NA
Contacts		
Fit & Follow Up Exams		
<i>Standard</i>	Standard: Participant cost up to \$40	Not covered
<i>Premium (Allowance)</i>	Premium: 10% off of retail	Not covered
Elective	Up to \$130	Up to \$104
Medically Necessary	Covered in full	Up to \$200
Frame Allowance	\$130	Up to \$65
Frequencies (months)		
Exam/Lens/Frame	12/12/24	12/12/24
	Based on date of service	Based on date of service

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## Lens Options (participant cost)

	EyeMed Insight Network	Out of Network
Progressive Lenses		
<i>Standard</i>	\$65 + lens deductible	Not covered
<i>Premium</i>		
<i>Tier 1</i>	\$85 + lens deductible	Not covered
<i>Tier 2</i>	\$95 + lens deductible	Not covered
<i>Tier 3</i>	\$110 + lens deductible	Not covered
<i>Tier 4</i>	\$65 plus 80% of charge less \$120 allowance	Not covered
Std. Polycarbonate	\$40	Not covered
Tint (solid and gradient)	\$15	Not covered
Scratch Resistant Coating	\$15	Not covered
Anti-Reflective Coating		
Standard	\$45	Not covered
Premium		
<i>Tier 1</i>	\$57	Not covered
<i>Tier 2</i>	\$68	Not covered
<i>Tier 3</i>	80% of the charge	Not covered
Ultraviolet Coating	\$15	Not covered
Lasik or PRK	Average discount of 15% off retail price or 5% off promotional price at US Laser Network participating providers.	Not covered

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 conventional 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 <a href="http://www.eyemedvisioncare.com">www.eyemedvisioncare.com</a> for details.

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

## 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.

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## Vision Plan Participant Service

Balanced Care Vision II 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 Access network provider, view plan benefit information and more.

### **EyeMed Customer Care Center: 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:**

[www.standard.com/services](http://www.standard.com/services)

## About The Standard

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at **[www.standard.com](http://www.standard.com)**.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

**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.**