Trustees of the Printers' Disability Trust Plan Design Summary

Eye Exam, Lenses, Frames, Frequencies			Proposed Effective Date: 3/1/2022	
	Plan 1: Balanced Care Vision I		Plan 2: Balanced Care Vision I	
	VSP Choice Network + Affiliates	Out of Network	VSP Choice Network + Affiliates	Out of Network
Annual Eye Exam	Covered in full	Up to \$45	Covered in full	Up to \$45
Lenses (per pair)				
Single Vision	Covered in full	Up to \$30	Covered in full	Up to \$30
Bifocal	Covered in full	Up to \$50	Covered in full	Up to \$50
Trifocal	Covered in full	Up to \$65	Covered in full	Up to \$65
Lenticular	Covered in full	Up to \$100	Covered in full	Up to \$100
Progressive	See lens options	Up to \$50	See lens options	Up to \$50
Frame Allowance	\$130**	Up to \$70	\$180**	Up to \$70
Frequencies				
Exam/Lens/Frames	12/12/24	12/12/24	12/12/24	12/12/24
	Based on date of service	Based on date of service	Based on date of service	Based on date of service

**The Costco and Walmart allowance will be the wholesale equivalent.

Deductible, Maximum

Deductibles				
	\$10 Exam	\$10 Exam	\$10 Exam	\$10 Exam
	\$25 Eye Glass Lenses or			
	Frames*	Frames	Frames*	Frames
Maximum				
per benefit period	None	None	None	None
*Deductible applies to a complete pair of glasses or to frames, whichever is selected.				

Contact Lenses

Fit & Follow Up Exams	Participant cost up to \$60	No benefit	Participant cost up to \$60	No benefit
Contacts				
Elective	Up to \$130	Up to \$105	Up to \$180	Up to \$105
Medically Necessary	Covered in full	Up to \$210	Covered in full	Up to \$210

Employee Participation Requirements

Minimum 10 lives between the two plans	Minimum 10 lives between the two plans
Voluntary	Voluntary

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Lens Options (participant cost)*

	VSP Choice Network + Affiliates	Out of Network
	(Other than Costco)	
Progressive Lenses	Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Bifocal allowance.
Std. Polycarbonate	Covered in full for dependent children \$33 adults	Not covered
Solid Plastic Dye	\$15 (except Pink I & II)	Not covered
Plastic Gradient Dye	\$17	Not covered
Photochromatic Lenses (Glass & Plastic)	\$31-\$82	Not covered
Scratch Resistant Coating	\$17-\$33	Not covered
Anti-Reflective Coating	\$43-\$85	Not covered
Ultraviolet Coating	\$16	Not covered

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

Additional Balanced Care Vision I Choice Network Features		
Contact Lenses Elective	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.	
Additional Glasses	20% off additional complete pairs of prescription glasses and/or prescription sunglasses.*	
Frame Discount	VSP offers 20% off any amount above the retail allowance.*	
Laser VisionCare	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.	
Low Vision	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.

eCard

Once you are enrolled in the plan, your plan participant ID card is provided electronically. Access your eCard online by creating a Secure Member Account – it's fast, easy and secure. Go to standard.com, click on log in (at top right). Enrolled participants may receive care without the card just by giving the provider their name, date of birth, and social security number/member identification number.

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.

Trustees of the Printers' Disability Trust Eye Care Exclusions

Balanced Care Vision I Eye Care

Balanced Care Vision I eye care plans from The Standard will help your employees receive and pay for the eye care they need. Balanced Care Vision I plans emphasize eye health and preventive care, and feature the money-saving eye care provider network of VSP. VSP's belief statement is "Passion for People, Vision for Life." VSP provides claims processing and plan participant customer service, as well as the VSP network of independent full-service providers, to Balanced Care Vision I eye care plan participants.

Balanced Care Vision I Plan Participants Use The VSP Network

VSP's network emphasizes experienced, independent private-practice eye doctors. VSP's network philosophy also includes one-stop care. Every doctor in the network provides exam and eyewear services, so there's no need for Balanced Care Vision I plan participants to have a comprehensive exam in one location and then travel to another for their lenses and frames. VSP's statistics indicate 90% of the U.S. population has access to a network doctor within 10 miles, and the average distance to a choice of five doctors is only 7.5 miles.

Policyholders can select the VSP Choice Network, offering 29,000 doctors and 50,000 access points, plus reduced rates. Participants will still save out-of-pocket for typical eye care services, including an average savings of 20-25% on lens options.

Participants may visit any eye doctor. When Balanced Care Vision I plan participants see non-VSP doctors, benefits are reimbursed according to the plan schedule.

No Claim Forms

Making an appointment and receiving claims payment through VSP will be easy for your employees. There is no paperwork or claim to file. The Balanced Care Vision I plan participant simply makes an appointment with a VSP doctor, states that they have coverage that includes the VSP network, and visits the doctor. VSP handles the rest.

Dual Choice Eye Care Plans

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

• On the March 1, 2022, effective date, all eligible employees must choose between the two 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.

Retail Chain Affiliate Providers Available With Balanced Care Vision I Plans

Effective January 1, 2012, retail chain affiliate providers, which include Costco® Optical and Visionworks, give participants added convenience and additional retail choices. Costco Optical has 400 locations across the country, while Visionworks manages nearly 400 optical stores in 37 states and DC, including well-known stores such as EyeMasters, Visionworks, Dr. Bizer's VisionWorld, Eye DRx, and Hour Eyes, to name a few. Participants enjoy a covered-in-full benefit experience with equivalent frame benefit at any of these retail chain locations.

VSP Call Center: 800.877.7195

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

Locate a VSP provider at:

www.standard.com/services