Government of the US Virgin Islands
Eye Care Highlight Sheet

Plan 1: Balanced Care Vision II Plan H Summary **Effective Date: 10/1/2018**

	EyeMed Access Network	Out of Network
Deductibles		
	$0 Exam $0 Eye Glass Lenses	No deductible
Annual Eye Exam	Covered in full	Up to $40
Lenses (per pair)		
Single Vision	Covered in full	Up to $40
Bifocal	Covered in full	Up to $60
Trifocal	Covered in full	Up to $80
Lenticular	Covered in full	Up to $80
Progressive	See lens options	NA
Contacts		
Fit & Follow Up Exams		
Standard	Standard: Participant cost up to $55	No benefit
Premium (Allowance)	Premium: 10% off of retail	No benefit
Elective	Up to $150	Up to $150
Medically Necessary	Covered in full	Up to $210
Frames	$150	Up to $45
Frequencies (months)		
Exam/Lens/Frame	12/12/24 Based on date of service	12/12/24 Based on date of service

Lens Options (participant cost)

	EyeMed Access Network	Out of Network
Progressive Lenses		No benefit
Standard **Premium**	Standard: lens deductible 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	$0	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

Government of the USVI - ACTIVE

Employee Only (EE)	$3.12
EE + Family	$8.24

Government of the USVI - RETIREES

Employee Only (EE)	$3.12
EE + Family	$8.24

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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 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 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: 1-866-289-0614

- 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: standard.com/services
View plan benefit information at: eyemedvisioncare.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.