



# OAKES PUBLIC SCHOOL

2024 Renewal Summary

Policy 160-752197

Thank you for allowing Standard Insurance Company to provide quality products to support your employees' insurance needs. We are pleased to renew your policy with continued coverage and services.

We have carefully reviewed the current composition of your organization and evaluated the experience of your vision policy. Based upon this review and application of rate factors appropriate for your industry classification, we are renewing your policy at the existing premium rates as indicated in the chart below. These rates are guaranteed until October 1, 2025.

### THOSE ENROLLING IN VSP PLAN

Division 1/Class 1

Vision Coverage

Product & Services	Through 9/30/2024	Effective 10/1/2024
Employee	\$8.48 per member	\$8.48 per member
Employee & Spouse	\$18.28 per member	\$18.28 per member
Employee & Child(ren)	\$14.76 per member	\$14.76 per member
Employee, Spouse and Children	\$24.56 per member	\$24.56 per member

### THOSE ENROLLING IN EYEMED PLAN

Division 1/Class 2

Vision Coverage

Product & Services	Through 9/30/2024	Effective 10/1/2024
Employee	\$7.48 per member	\$7.48 per member
Employee & Spouse	\$16.12 per member	\$16.12 per member
Employee & Child(ren)	\$13.00 per member	\$13.00 per member
Employee, Spouse and Children	\$21.64 per member	\$21.64 per member

If you have any questions about your rates or our review process our Employee Benefits Sales and Service office at 952-831-5956 is available to serve your needs. We value your business and welcome the opportunity to provide continued assistance to you.

Sincerely yours,

Tammy Powell  
Group Insurance Underwriter  
Employee Benefit Services  
Standard Insurance Company

Oakes Public Schools  
Eye Care Highlight Sheet



	<b>EyeMed Access Network</b>	<b>Out of Network</b>
<b>Deductibles</b>		No deductible
<b>Annual Eye Exam</b>	\$10 Exam	
<b>Lenses (per pair)</b>	\$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
<b>Contacts</b>		
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 \$115	Up to \$100
Medically Necessary	Covered in full	Up to \$200
<b>Frames</b>	\$110	Up to \$45
<b>Frequencies (months)</b>	12/12/24	12/12/24
Exam/Lens/Frame	Based on date of service	Based on date of service

**Lens Options (participant cost)**

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

<b>Monthly Rates (pay cycle)</b>	<b>12 Month Rates</b>	<b>9 Month Rates</b>
<b>Employee Only (EE)</b>	\$7.48	\$9.98
<b>EE + Spouse</b>	\$16.12	\$21.50
<b>EE + Children</b>	\$13.00	\$17.34
<b>EE + Spouse &amp; Children</b>	\$21.84	\$28.86

**Additional Balanced Care Vision II H Features**

<b>EyeMed In-Network Discounts</b>	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.
<b>EyeMed In-Network Secondary Purchase Plan</b>	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.
<b>Contact Lens Replacement by Mail Program</b>	After exhausting the contact lens benefit, replacement lenses may be obtained at significant discounts on-line. Visit <a href="http://EyeMedvisioncare.com">EyeMedvisioncare.com</a> 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 Access 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](http://standard.com/services)  
View plan benefit information at: [eyemedvisioncare.com](http://eyemedvisioncare.com)**

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