

Illinois Educators Risk Management Program (IERMP)  
Plan Design Summary

**Eye Exam, Lenses, Frames, Frequencies**

**Proposed Effective Date: 1/1/2024**

	<b>Plan 1: ER</b>		<b>Plan 2: VOL</b>	
	<b>VSP Choice Network + Affiliates</b>	<b>Out of Network</b>	<b>VSP Choice Network + Affiliates</b>	<b>Out of Network</b>
<b>Annual Eye Exam</b>	Covered in full	Up to \$45	Covered in full	Up to \$45
<b>Lenses (per pair)</b>				
<b>Single Vision</b>	Covered in full	Up to \$30	Covered in full	Up to \$30
<b>Bifocal</b>	Covered in full	Up to \$50	Covered in full	Up to \$50
<b>Trifocal</b>	Covered in full	Up to \$65	Covered in full	Up to \$65
<b>Lenticular</b>	Covered in full	Up to \$100	Covered in full	Up to \$100
<b>Progressive</b>	See lens options	NA	See lens options	NA
<b>Frame Allowance</b>	\$150**	Up to \$75	\$150**	Up to \$75
<b>Frequencies</b>				
<b>Exam/Lens/Frames</b>	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**

<b>Deductibles</b>	\$10 Exam \$25 Eye Glass Lenses or Frames*	\$10 Exam \$25 Eye Glass Lenses or Frames	\$10 Exam \$25 Eye Glass Lenses or Frames*	\$10 Exam \$25 Eye Glass Lenses or Frames
<b>Maximum per benefit period</b>	None	None	None	None

\*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

**Contact Lenses**

<b>Fit &amp; Follow Up Exams</b>	Participant cost up to \$60	No benefit	Participant cost up to \$60	No benefit
<b>Contacts</b>				
<b>Elective</b>	Up to \$150	Up to \$120	Up to \$150	Up to \$120
<b>Medically Necessary</b>	Covered in full	Up to \$210	Covered in full	Up to \$210

**Monthly Rates**

<b>Employee (EE)</b>	\$7.22	\$8.72
<b>EE + Spouse</b>	\$15.62	\$16.68
<b>EE + Children</b>	\$13.60	\$15.10
<b>EE + Spouse &amp; Children</b>	\$22.00	\$23.36

Rates are guaranteed for 24 months following the effective date listed above.

Rates include: home address mailing.

This benefit and cost summary expires on 1/1/2024 unless replaced, withdrawn or amended by The Standard.

**Employee Participation Requirements**

**Eligible Employees: 2,154**

	All eligible employees Non-Contributory	50% Voluntary
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# Illinois Educators Risk Management Program (IERMP)

## Plan Design Summary

### Lens Options (participant cost)\*

	Plan 1: ER		Plan 2: VOL	
	VSP Choice Network + Affiliates (Other than Costco)	Out of Network	VSP Choice Network + Affiliates (Other than Costco)	Out of Network
<b>Progressive Lenses</b>	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.	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.
<b>Std. Polycarbonate</b>	Covered in full for dependent children \$33 adults	No benefit	Covered in full for dependent children \$33 adults	No benefit
<b>Scratch Resistant Coating</b>	\$17-\$33	No benefit	\$17-\$33	No benefit
<b>Anti-Reflective Coating</b>	\$43-\$85	No benefit	\$43-\$85	No benefit
<b>Ultraviolet Coating</b>	\$16	No benefit	\$16	No benefit

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

### Additional Balanced Care Vision I Choice Network Features (In Network)

<b>Contact Lenses Elective</b>	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.
<b>Lens Options (Participant Cost)*</b>	\$15 - Solid Plastic Dye (Except Pink I & II) \$17 - Plastic Gradient Dye \$31-\$82 - Photochromatic Lenses (Glass & Plastic) Lens Option member cost vary by prescription and option chosen.
<b>Additional Glasses</b>	20% off additional complete pairs of prescription glasses and/or prescription sunglasses.*
<b>Frame Discount</b>	VSP offers 20% off any amount above the retail allowance.*
<b>Laser VisionCare<sup>SM</sup></b>	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.
<b>Low Vision</b>	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.