

A Valuable And Economical Employee Benefit...

Discover just how valuable and economical the PDT Group Vision Protection Program can be. Each employee has two vision plan options, so they can choose the plan that is right for you.

Edward G. Chalifoux
Administrator

For additional information write or fax:

Printers' Disability Trust

5200 Maryland Way Suite 301
Brentwood, TN 37027
Facsimile: (615) 360-9954

OR

Call: (615) 365-4404

Plan benefits are fully insured by:
Standard Insurance Company

This brochure is intended to be an accurate description of the PDT Group Vision Protection Program. Only the Group Policy contains all of the controlling terms and provisions of the coverage. The Trustees reserve the right to modify or discontinue the plan at any time. This program is available to Member Employers in the United States and Puerto Rico.

Vision

Providing protection
only for members of



Vision Protection Program

History of Trust

For more than 50 years Printers' Disability Trust (PDT) has provided progressive, quality insurance programs developed by and exclusively for printing and graphic arts employers.

Count on The Standard

Over the course of a century, Standard Insurance Company has earned a reputation for personal service, financial strength and high quality insurance products. Everyone at The Standard is dedicated to helping you by providing creative and effective solutions to meet your employee benefit needs.

The Standard's Preferred Care Vision Products

Build a better benefits package. Add the quality Group Vision plan your employees expect. Employees can choose from two simple, streamlined plan designs. The employer can choose for the plans to be employer-paid or voluntary. If the employer pays 100%, all employees who are full-time and in the selected class must be enrolled in the plan. If your employee shares in the cost, then there is no participation requirements, as long as there are two or more in the plan.

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.

Employers can select from 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.

Retail Chain Affiliate Providers Available With Balanced Care Vision I Plans

Effective January 1, 2012, retail chain affiliate providers, within include Costco® Optional 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.

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.

Employee Participation Requirements

- Choice of employee and dependents waiting period is either first day of the month following 90 days of full-time employment, providing the employee is working at least 30 hours or more per week or other pre-determined employee waiting periods, providing that the one you select applies to all eligible employees.
- If the premium is non-contributory, then 100% participation is required. If the premium is contributory, then there is no participation requirement other than must be a group of 2 or more.

To Receive a Quote:

Either call (615) 365-4404 or fax the following information to (615) 360-9954:

- Complete company name and address
- Name and date of birth for each employee participating
- Employee plan selection

Trustees of the Printers' Disability Trust

Plan Design Summary

Eye Exam, Lenses, Frames, Frequencies

	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	N/A	See lens options	N/A
Frame Allowance	\$130**		\$180**	
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

	Plan 1: Balanced Care Vision I	Plan 2: Balanced Care Vision I	Plan 1: Balanced Care Vision I	Plan 2: Balanced Care Vision I
Deductibles	\$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
Maximum per benefit period	None	None	None	None

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

Contact Lenses

	Plan 1: Balanced Care Vision I	Plan 2: Balanced Care Vision I	Plan 1: Balanced Care Vision I	Plan 2: Balanced Care Vision I
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

Lens Options (participant cost)*

	VSP Choice Network + Affiliates	Out of Network
Progressive Lenses	(Other than Costco) 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.