



MICHELE CUEVAS
BINGHAMTON-JOHNSON CITY JOINT SEWAGE BOARD
300 SOUTH STATE ST STE 1000
SYRACUSE, NY 13202

HAYLOR FREYER & COON INC
300 S STATE STREET, SUITE 1000
PO BOX 4743
SYRACUSE, NY 13221

Your Guardian employee benefits
renewal package is enclosed

As a valued Guardian customer, we appreciate your business and hope that you are fully satisfied with our plan offerings and services. Our commitment is to continue providing high-quality plans while placing your benefit needs first.

If you have questions about your renewal package or would like information about other benefits available for your employees, we can assist you. Contact your insurance broker or contact your Guardian Group Sales office at:

5788 Widewaters Parkway, 1st Floor, Dewitt, New York, 13214,(315) 445-3700.



**It's renewal
time!**

**Guardian is
here to help.**

RENEWAL INFORMATION FOR

**BINGHAMTON-JOHNSON CITY JOINT SEWAGE BOARD
GROUP PLAN # 00581589**

**RENEWAL PERIOD
January 1, 2025 - December 31, 2025**



guardiananytime.com

The Guardian Life Insurance Company of America, New York, NY.

What you'll find in this package

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Please note:

If your group plan includes multiple lines of coverage, a multi-line discount was used in the pricing. If you do not wish to renew all lines of coverage, please contact us for revised pricing.



guardiananytime.com

The Guardian Life Insurance Company of America, New York, NY.

Participating Policy and Producer Compensation Disclosure Statement

Participating Policy Statement:

Any commercial insurance group policy underwritten and issued by The Guardian Life Insurance Company of America, a New York Domiciled mutual company, is a participating policy. It is not expected, however, that a dividend will be paid on any such group policies. All coverage will be provided as set forth in the policies.

Producer Compensation Disclosure:

As is common with Group insurance, your coverage(s) might involve one or more licensed producers who will receive compensation from Guardian for soliciting, negotiating, securing and/or administering the insurance coverage(s) you have purchased. Compensation to these producers may be paid in the form of base commissions, administrative service commissions and, in some instances, supplemental compensation (e.g., an annual performance bonus). For more detailed information regarding producer compensation relative to your Guardian coverage(s), please contact your Guardian local sales consultant or account manager.

Compensation is generated based upon premium which has been remitted by the planholder and applied by Guardian. Graded Commission scales, which can vary by product, are calculated based upon decremental scales (i.e. percentage payable decreases as defined premium thresholds are attained). Graded commission scales refresh annually upon each plan's anniversary. For DHMO, Supplemental Health, SMD and/or ASO Vision commission information, or for any other questions, please contact your local Guardian sales consultant or account manager.

If commissions are paid based on a percentage basis, the percentage is calculated monthly on enrolled lives, not eligible lives. Graded commission scales are calculated as a percentage of annual premium and are on a sliding scale.

Product	Commissions
Vision PPO	Graded Scale Commission



Renewal Rates At-a-Glance

This plan is currently offered for Insurance Class 1

VISION PLAN RATES - VSP G36					
Tier	Enrolled Employees	CURRENT		RENEWAL	
		Monthly Rate	Annual Premium	Monthly Rate	Annual Premium
EE	23	\$5.50	\$1,518	\$5.50	\$1,518
EE/SP	9	\$9.26	\$1,000	\$9.26	\$1,000
EE/CH	1	\$9.45	\$113	\$9.45	\$113
FAMILY	7	\$14.94	\$1,255	\$14.94	\$1,255
TOTAL	40		\$3,886		\$3,886

Current Plan Benefits Summaries

VSP
VISION

This plan is currently offered for Insurance Class 1

PLAN BENEFITS SUMMARY			
	In-Network	Out-of-Network	Frequency
Exam Copay	\$10	\$10	Once per Calendar Year
Exam Allowance	100%	\$39	Once per Calendar Year
Materials Copay	\$25	\$25	
Base Lenses			
Single Vision Allowance	100%	\$23	Once per Calendar Year
Bifocal Allowance	100%	\$37	Once per Calendar Year
Trifocal Allowance	100%	\$49	Once per Calendar Year
Lenticular Allowance	100%	\$64	Once per Calendar Year
Contact Lenses			
Elective Allowance	\$130	\$100	Once per Calendar Year
Therapeutic Allowance	100%	\$210	Once per Calendar Year
Frame Retail Allowance	\$130	\$46	Every Other Calendar Year
Materials Allowance	N/A	N/A	N/A

Your plan also includes the following benefit option(s): Retail Chain Providers, Fitting and Evaluation
 Plan information is for illustrative purposes only. Please consult plan contract for specific benefit levels.