



Balanced Care Vision I Plan Summary

Uses VSP Choice Network

	VSP Choice Network	Out of Network
Deductibles		
Annual Eye Exam	\$10 Exam	\$10 Exam
Lenses (per pair)	\$25 Eye Glass Lenses or Frames*	\$25 Eye Glass Lenses or Frames*
Single Vision	Covered in full	Up to \$45
Bifocal	Covered in full	Up to \$30
Trifocal	Covered in full	Up to \$50
Lenticular	Covered in full	Up to \$65
Progressive	See lens options	Up to \$100
Contacts - Elective	Up to \$130	NA
Contact - Medically Necessary	Covered in full	Up to \$105
Frames	Up to \$130	Up to \$210
Frequencies (months)		
Exam/Lens/Frame	12/12/24	12/12/24
	Based on date of service	Based on date of service

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

Lens Options (participant cost)*

	VSP Choice Network	Out of Network
Progressive Lenses	\$70-\$150	No benefit
Std. Polycarbonate	Covered in full for dependent children	No benefit
	\$40 adults	
High Luster Edge Polish	\$14	No benefit
Solid Plastic Dye	\$15	No benefit
	(except Pink I & II)	
Plastic Gradient Dye	\$20	No benefit
Photochromatic Lenses (Glass & Plastic)	\$82	No benefit
Scratch Resistant Coating	\$17-\$33	No benefit
Anti-Reflective Coating	\$43-\$95	No benefit
Ultraviolet Coating	\$17	No benefit
Lasik or PRK	Average discount of 15% off retail. See Additional Balanced Care Vision I Features.	No benefit

*Lens Option participant costs vary by prescription and option chosen.

Monthly Rates*

Employee (EE)	\$8.48
EE + Spouse	\$18.28
EE + Children	\$14.76
Family	\$24.56

*Assumes policyholder is contributing less than 100% of the employee premium and the vision participation is not tied to dental. Membership in NYSBG Wellness Package is required to enroll in this plan. \$5 monthly or \$10 quarterly administrative fee applies to each invoice.



Additional Balanced Care Vision I Features

Contact Lenses Elective	Cost of the fitting and evaluation is deducted from the allowance and any amount left is deducted from the material allowance. 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 chosen in lieu of glasses.
Additional Glasses	20% discount off the retail price on additional pairs of prescription glasses (complete pair).
Laser VisionCare	VSP offers an average discount of 15% on 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).

Eye Care Plan Participant Service

Balanced Care Vision I eye care from The Standard features the money-saving eye care network of VSP. Customer service is available to plan participants through VSP's well-trained and helpful service representatives. Call or go online to locate the nearest VSP network provider, view plan benefit information and more.

VSP Call Center: 1-800-877-7195

- Service representative hours: 6 a.m. to 7 p.m. PST Monday through Friday
- Interactive Voice Response available 24/7

Locate a VSP provider at: standard.com

View plan benefit information at: vsp.com

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

Triple Choice Eye Care Plans

Triple Choice Plans let you offer your employees a choice between three plans in one policy. Your employees select the plan that best suits their coverage and financial needs.

- On the policy effective date, all eligible employees must choose between the three plans shown or choose to waive coverage. The employee must remain in the plan he or she chose until the next renewal date. At each annual election period, employees may switch between plans without penalty.