



Balanced Care Vision III Plan Summary

Reimbursement Only Plan

Deductibles	
	\$20 Calendar Year Exam, Eye Glass Lenses or Frames*
Maximum Calendar Year	None
Annual Eye Exam	Up to \$50
Lenses (per pair)	
Single Vision	Up to \$40
Bifocal	Up to \$60
Trifocal	Up to \$75
Lenticular	Up to \$80
Progressive	Up to \$80
Contacts	
Elective/Medically Necessary	Up to \$100
Frames	\$80
Frequencies (months)	
Exam/Lens/Frame	12/12/24
	Based on date of service

*Deductible applies to the first service received

Eye Care Plan Participant Service

Balanced Care Vision III eye care from The Standard was designed specifically for the associates of Balanced Care Vision Choice Brochure. The Standard makes sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions.

Customer Service: 1-800-547-9515

- Service representative hours: 7 a.m. to midnight CT Monday through Thursday, 7 a.m. to 6:30 p.m. CT Friday
- Interactive Voice Response available 24/7

View plan benefit information at: standard.com

Monthly Rates*

Employee (EE)	\$5.48
EE + Spouse	\$11.80
EE + Children	\$9.52
Family	\$15.84

*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.

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.



Standard Insurance Company
Benefit and Cost Summary Highlight Sheet
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