



Walton County School District - #148093
 Eye Care Highlight Sheet

Balanced Care Vision III Plan Summary

Deductibles	\$25 Calendar Year Exam, Eye Glass Lenses or Frames*
Maximum Calendar Year Annual Eye Exam	None
Lenses (per pair)	Up to \$45
Single Vision	Up to \$35
Bifocal	Up to \$50
Trifocal	Up to \$65
Lenticular	Up to \$70
Progressive	Up to \$70
Contacts	
Elective/Medically Necessary	Up to \$135
Frames	\$100
Frequencies (months)	12/12/24
Exam/Lens/Frame	Based on date of service**

*Deductible applies to the first service received

**After the doctor is paid for services, submit a claim within 90 days for reimbursement (180 days in North Carolina).

Monthly Rates

Employee Only (EE)	\$4.63
EE + Spouse	\$8.74
EE + Children	\$9.18
EE + Spouse & Children	\$13.43

Eye Care Plan Participant Service

Balanced Care Vision III eye care from The Standard was designed specifically for the associates of **Walton County School District**. 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

Section 125

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

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