

AGC Health Benefit Trust
Eye Care Highlight Sheet



Plan 1: Vision Choice Balanced Care Vision III Plan Summary

Effective Date: 6/1/2016

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

**Please submit claims within 90 days of the date of service so that the plan can consider benefits (subject to State requirements).

Eye Care Plan Participant Service

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

Customer Service

We also make it easy for covered employees and providers to contact us to confirm eligibility or request claims information by calling **1-800-547-9515**. Our customer service representatives are available Monday through Thursday from 5:00 a.m. until 10:00 p.m. Pacific Time and until 4:30 p.m. Pacific Time on Friday. For plan information any time, access our automated voice response system or go online to standard.com.

View plan benefit information at: standard.com

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