

# 5 Reasons to Choose Blue Cross Vision



We know vision coverage can be important to your employees (nearly 81% of U.S. adults need vision correction), and we know that a full-service solution is important to you. So we give you the option to add Blue Cross Vision plans to your benefits package. Our vision plans provide:

1. **Access.** Nationwide network of over 88,014+ eye care providers and top eyewear retailers.\*
2. **Affordability.** Individual plans range from about \$3.00 to \$7.00 per month.
3. **Convenience.** There are no receipts to submit for in-network services!
4. **Choice.** Select the plan type that works for your employees:
  - **Allowance plan** – Provides an allowance for eyewear
  - **Schedule plan** – Includes an annual routine eye exam and eyewear allowance
5. **Savings.** With our Schedule plans, Blue Cross Vision members only pay a \$10 copay for routine eye exams and get special negotiated rates on lens options. Members may also receive additional discounts after they spend their eyewear allowance.

\*EyeMed Vision Care Network January 2014.



## Get more for less

These great discounts are for in-network providers:

- 40% off** Complete pair of prescription eyeglasses\*
- 20% off** Non-prescription eyeglasses
- 20% off** Remaining balance beyond plan coverage

\*This discount is available after the funded benefit has been exhausted.

### **See the benefits**

For benefit highlights for each Blue Cross Vision plan, please turn over this sheet.

# Blue Cross Vision: 2017 Benefit Highlights

Which Blue Cross Vision plan is right for you and your employees? The chart below highlights the in-network costs associated with each plan. All plans feature the national Access network. Please note that the allowance amounts listed can be used for either glasses or contact lenses.

	Schedule Plan 1	Schedule Plan 2	Schedule Plan 3	Allowance Plan 1	Allowance Plan 2
<b>Routine eye exam</b>	\$10 copay	\$10 copay	\$10 copay	Not covered	Not covered
<b>Frames</b>	\$130 allowance plus 20% off balance over \$130	\$100 allowance plus 20% off balance over \$100	\$100 allowance plus 20% off balance over \$100	\$200 allowance plus 20% off balance over \$200	\$100 allowance plus 20% off balance over \$100
<b>Standard plastic lenses</b> <i>(single vision, bifocal, trifocal, lenticular)</i>	\$25 copay	\$25 copay	\$10 copay		
<b>Lens options*</b>	Copays from \$0–\$75	Copays from \$0–\$75	Copays from \$0–\$75		
<b>Contact lenses</b>					
<i>Conventional</i>	\$130 allowance plus 15% off balance over \$130	\$115 allowance plus 15% off balance over \$115	\$115 allowance plus 15% off balance over \$115	\$200 allowance plus 15% off balance over \$200	\$100 allowance plus 15% off balance over \$100
<i>Disposable</i>	\$130 allowance	\$115 allowance	\$115 allowance	\$200 allowance	\$100 allowance
<b>Standard contact lens fit and follow up</b>	Up to \$55 copay	Up to \$55 copay	Up to \$55 copay	Not covered	Not covered
<b>Frequency</b>					
<i>Examination</i>	Once every 12 months	Once every 12 months	Once every 12 months	Not covered	Not covered
<i>Lenses or contact lenses</i>	Once every 12 months	Once every 12 months	Once every 12 months	Frames and lenses, or contacts once every 12 months	Frames and lenses, or contacts once every 12 months
<i>Frames</i>	Once every 24 months	Once every 24 months	Once every 12 months		
<b>Laser vision correction</b> <i>LASIK or PRK from U.S. Laser Network</i>	15% off retail price 5% off promotional price	15% off retail price 5% off promotional price	15% off retail price 5% off promotional price	15% off retail price 5% off promotional price	15% off retail price 5% off promotional price
<b>Small Group</b>	<b>Voluntary/contributory rates**</b>			<b>Non-voluntary rates</b>	
<b>Individual</b>	\$6.09/\$5.39	\$5.61/\$4.96	\$6.86/\$6.06	\$4.58	\$2.82
<b>Employee/spouse</b>	\$11.57/\$10.24	\$10.66/\$9.43	\$13.03/\$11.52	\$8.70	\$5.35
<b>Employee/children</b>	\$13.40/\$11.85	\$12.34/\$10.92	\$15.08/\$13.34	\$10.08	\$6.19
<b>Family</b>	\$18.88/\$16.70	\$17.39/\$15.39	\$21.25/\$18.80	\$14.20	\$8.73

**Please note:** Your benefits cannot be combined with any other discounts, coupons, or promotional offers unless otherwise noted in an offer. \*Please see Plan Benefit Highlights Sheet for detailed lens options copays. \*\*Contributory rates require a 50% contribution to premium by employer.

This is a summary of Blue Cross Vision benefits. It is not a contract. For details about coverage, including any limitations or exclusions not noted here, please refer to the subscriber agreement or contact your Blue Cross sales rep or broker.



500 Exchange Street • Providence, RI 02903-2699

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