



Vision Care Coverage Plans Benefits-at-a-Glance

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply. Payment amounts are based on BCBSM's approved amount, less any applicable deductible and/or copay. For a complete description of benefits please see the applicable BCBSM certificates and riders, if your group is underwritten or any other plan documents your group uses, if your group is self-funded. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

Note: Members may choose between prescription glasses (lenses and frame) **or** contact lenses, but not both.

Blue Vision SM - Effective 1/1/15		A80 Vision – Current Benefits	
VSP network doctor	Non-VSP provider	Participating provider	Nonparticipating provider

Member's responsibility (copays)

	Blue Vision SM - Effective 1/1/15	A80 Vision – Current Benefits
Eye exam	\$10 copay	\$10 copay
Prescription glasses (lenses and/or frames)	\$0 copay	Lenses - \$15 copay Frames - \$0 copay
Contact lenses	\$0 copay	No copay

Eye exam

	Blue Vision SM - Effective 1/1/15	A80 Vision – Current Benefits
Complete eye exam	\$10 copay	Reimbursement up to \$50, less a \$10 copay (member responsible for any difference)
	One eye exam in any period of 24 consecutive months Complete eye exam by an ophthalmologist or optometrist. The exam includes refraction, glaucoma testing and other tests necessary to determine the visual health of the patient.	\$10 copay One eye exam in any period of 24 consecutive months Covered – up to provider's charge on pay subscriber claims, less \$10 copay

Lenses and frames

	Blue Vision SM - Effective 1/1/15	A80 Vision – Current Benefits
Standard lenses	\$0 copay; \$300 allowance combined for lenses, frames and contact lenses.	Covered – 100% of approved amount, less \$15 copay
	One pair of lenses and frames, in any period of 24 consecutive months. Note: Progressive lenses are included and applicable to the \$300 allowance maximum. Member is responsible for any difference.	Covered - up to provider's charge on pay subscriber claims, less \$15 copay. Note: includes progressive lenses
Standard frames	\$0 copay; \$300 allowance combined for lenses, frames and contact lenses. Member is responsible for any difference.	Covered – up to maximum payment level (member responsible for any difference)
		Note: Limited to a maximum payment of \$100 per member. Unused portions cannot be used toward any future purchases, regardless of the amount the member used.



Blue Vision SM Effective 1/1/15		A80 Vision – Current Benefits	
VSP network provider	Non-VSP provider	Participating provider	Nonparticipating provider

Contact lenses

Medically necessary contact lenses (requires prior authorization approval from VSP and must meet criteria of medically necessary)	<p>\$0 copay - covered</p> <p>Up to maximum payment level (\$300 allowance combined for lenses, frames and contact lenses). Member is responsible for any difference.</p>	<p>Covered – up to maximum payment level (member responsible for any difference)</p> <p>.</p>
		<p>Limited to a maximum payment of \$200 per member for contact lenses during a 24 month period.</p> <p>Note: All contact lenses, whether cosmetic or medically necessary and whether provided by a participating or non-participating provider, contribute toward the \$200 maximum.</p>
Elective contact lenses that improve vision (prescribed, but do not meet criteria of medically necessary)	<p>\$0 copay - covered</p> <p>Up to maximum payment level (\$300 allowance combined for lenses, frames and contact lenses). Member is responsible for any difference.</p>	<p>Covered – up to maximum payment level (member responsible for any difference).</p>
	<p>Limited to a maximum payment of \$300 per member for contact lenses during a consecutive 24 month period.</p> <p>Note: Elective contact lenses whether provided by a participating or non-participating provider, contribute toward the \$300 allowance maximum.</p>	<p>Limited to a maximum payment of \$200 per member for contact lenses during a 24 month period.</p> <p>Note: All contact lenses, whether cosmetic or medically necessary and whether provided by a participating or non-participating provider, contribute toward the \$200 maximum</p>