GLENVIEW SCHOOL DISTRICT 34

VISION BENEFIT

Administered by Blue Cross® Blue Shield® of Illinois (BCBSIL)

Your PPO 750, PPO 1000, HMO, and BAHMO plans include a vision benefit. In order to receive the benefit you must be enrolled in one of the medical plans.

| Coverage | You have this coverage if: | Vision Network | Features | Frequency | Benefit |
|-------------|-------------------------------------|-------------------|---|--|---|
| PPO Plan | You are a BCBSIL PPO Plan member | Any provider | Exam Frame Lenses Contact Lenses | Every 12 months Every 24 months Every 24 months Every 24 months | \$25 allowance** \$25 allowance** \$20 to \$100 allowance** \$60 allowance** |
| HMO Plan*** | HMO Plan member | EyeMed | Exam Frame Lenses Contact Lenses | Every 12 months Every 24 months Every 24 months Every 24 months | \$0 \$125 allowance \$75 allowance \$75 allowance |

^{*}This is not a stand alone vision plan. The HDHP does not include a vision benefit.

EyeMed Vision Discount Program

| Coverage | You have this discount if: | Vision Network | Features | Frequency | Benefit |
|--------------------------------------|--|--------------------------------|---|---|--|
| EyeMed Vision Discount Program | You are a BCBSIL HMO or PPO Plan member | EyeMed Advantage Network | Exam Frame Standard Lenses Premium Progressive Lens Enhancements Contact Lenses Fitting LASIK | Unlimited Unlimited Unlimited Unlimited N/A Unlimited Unlimited Unlimited N/A | \$50 routine exam 35% off retail price \$50-\$135 30% off retail price Additional cost \$10 off 15% discount off retail 15% discount off promotional price |

To receive the discount:

- 1. Locate an in-network provider: MUST USE THESE EYEMED ADVANTAGE NETWORK LINKS
 - PPO members: visit **eyemedexchange.com/blue365**, click Find a Provider, enter ZIP Code, Get Results.
 - HMO members: visit **eyemedvisioncare.com/bcbsil**, click Find a Provider, enter ZIP Code, Get Results.
- 2. The provider should apply the applicable discounts shown above; otherwise, please call **844.684.2254** for further assistance.



^{**}You must submit a claim form to receive reimbursement.

^{****}HMO Members will receive an EyeMed card to share with their EyeMed provider.