

GLENVIEW SCHOOL DISTRICT 34

VISION BENEFIT

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

Your medical 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 standalone vision policy.

**You must submit a claim form to receive reimbursement.

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

EyeMed Vision Discount Program

Coverage	You have this coverage 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 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 retail or 5% 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](tel:844.684.2254) for further assistance.

