

YOUR VISION BENEFIT OPTIONS

The following chart provides a high-level overview of the vision benefits available to you, depending on the medical plan in which you are enrolled.

Please note this is not a stand-alone vision policy.

Vision Rider

BCBS Plan	Vision Network:	Features	Frequency	Benefit
PPO*	Any provider	Exam Frame Lenses Contact Lenses	Every 12 months	\$25 allowance* \$25 allowance* \$20 to \$100 allowance* \$60 allowance*
HMO**	EyeMed	Exam Frame Lenses Contact Lenses	Every 12 months	\$0 \$125 allowance \$75 allowance \$75 allowance

* You must submit a claim form to receive reimbursement.

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

Vision Discount Program for PPO and HMO Members

Program	Vision Network:	Features	Frequency	Benefit
EyeMed Vision Discount Program	EyeMed Advantage Network	Exam Frame Standard Lenses Premium Progressive Lens Enhancements Contact Lens Fitting Contact Lens Material LASIK	Unlimited Unlimited Unlimited Unlimited	\$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

EYEMED VISION DISCOUNT PROGRAM

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.