



Check Out Your HMO Vision Care Program



What Are My Vision Care Benefits?

Benefits for covered members include*:

- Coverage for one eye examination every 12 months for the cost of your wellness services copayment
- Coverage for one standard contact lens evaluation and fitting every 12 months, when performed on the same day as your eye examination

Remember: When you visit an in-network provider, your copayment or other share of the cost is due on the day of your visit.

For more details about what your plan at Blue Cross and Blue Shield of Illinois covers, please call the Customer Care Center at 855-362-5539.

Do I Need a Referral?

You don't need a referral. Simply visit any in-network provider and show your medical ID card to access your vision care benefits and discounts.

Do I Need a Vision ID Card?

As long as you have your medical ID card from BCBSIL, you do not need a separate vision ID card.



Search for an in-network provider by visiting [bcbsil.com](https://www.bcbsil.com). Log in or sign up for **Blue Access for MembersSM** and choose **Find Care**, then **Vision**. Follow the prompts to find an in-network vision provider.

Are There Discounts Included?

You receive extra discounts** above your vision program benefits, including:

- 35% off frames
- 20% off any item not covered by the plan (limitations may apply)
- 15% off retail or 5% off the promotional price of LASIK. For more information regarding the LASIK feature, call **877-5LASER6**.

See a list of available discounts in the blue box to the right.

How Do I Locate An In-Network Provider?

The EyeMed Select network consists of thousands of independent and retail contracted providers, including national favorites like LensCrafters®, Pearle VisionSM and Target Optical®.



In addition, you have online, in-network access to **contactsdirect.com** and **glasses.com**.

Are There Any Exclusions?

The following are some of the items not covered as part of the vision care program. Refer to your benefits booklet for a full list.

- Medical treatment of eye disease or injury
- Vision therapy
- Services performed by a provider who is not in the network
- Replacement of lost eyewear
- Services not performed by licensed personnel

* For more information about your vision benefits, refer to your benefit booklet or call the customer service number on the back of your ID card. This flier is just a summary of your benefits and does not change the benefits provided in the booklet.

**Discounts are subject to change and may be discontinued at any time.

EyeMed Vision Care, LLC, an independent company, provides customer service and network administration services for BCBSIL. BCBSIL has contracted with First American Administrators, an independent company, to provide claims administration. The relationship between BCBSIL, FAA and EyeMed is that of independent contractors.

Third party brands are the property of their respective owners.

Discounts	Member Cost
Frames	35% off retail price
Other Add-ons	20% off retail price
Standard Lenses	
Single Vision	\$50
Bifocal	\$70
Trifocal	\$105
Lenticular	\$105
Standard Progressive	\$135
Lens Options	
UV Treatment	\$15
Tint (Solid and Gradient)	\$15
Scratch Coating	\$15
Polycarbonate - Adults	\$40
Polycarbonate - Kids under 19	\$40
Standard Anti-reflective	\$45
Conventional Contact Lenses	15% off retail price