

Group Vision Insurance Benefit Summary

Eligibility: All Active Full-Time Employees

Dependent coverage is available until age 26

Vision plan: 5-12/12/24 \$150 300V

Vision Care Service	In-Network Member Cost	Out-of-Network Reimbursement
Exam with dilation as necessary	\$10 copay	Up to \$30
Frequency		
Examination	Once every 12 months	
Lenses or contact lenses	Once every 12 months	
Frame	Once every 24 months	
Exam options		
Contact lens fit and follow up	Up to \$40 for standard; 10% off retail price for premium	N/A
Frames		
Any available frame at provider location	\$0 Copay/\$150 Allowance/20% off balance over \$150	Up to \$75
Standard Plastic Lenses		
Single vision	\$10 copay	Up to \$25
Bifocal	\$10 copay	Up to \$40
Trifocal	\$10 copay	Up to \$55
Lenticular	\$10 copay	Up to \$55
Standard progressive lens	\$75 copay	Up to \$40
Premium progressive lens	See table on page 2	Up to \$40
Lens options		
UV treatment	\$15	N/A
Tint (solid and gradient)	\$15	N/A
Standard plastic scratch coating	\$0	Up to \$5
Standard polycarbonate – adults	\$40	N/A
Standard polycarbonate – kids under 19	\$0	Up to \$5
Standard anti-reflective coating	\$45	N/A
Polarized	20% off retail price	N/A
Photochromatic/transitions plastic	\$75	N/A
Premium anti-reflective	See below table	N/A
Contact lenses (contact lens allowance includes materials only)		
Conventional	\$0 copay/ \$150 Allowance/ 15% off balance	Up to \$120
Disposable	\$0 copay/ \$150 Allowance/Plus balance over \$150	Up to \$120
Medically necessary	\$0 copay, Paid in full	Up to \$210
Other		
Lasik or PRK from U.S. Laser Network	15% off retail price or 5% off promotional price	N/A
Additional pairs benefit:	Members also receive a 40% discount off complete pair eyeglass purchase and a 15% discount off conventional contact lenses once the funded benefit has been used.	N/A

Group Vision Insurance Benefit Summary (continued)

Progressive price list*	Member cost in-network
Standard progressive	\$75 copay
Premium progressives as follows:	
Tier 1	\$95
Tier 2	\$105
Tier 3	\$120
Tier 4	\$75 copay, 80% of charge less \$120 Allowance
Anti-reflective coating price list*	Member cost in-network
Standard anti-reflective coating	\$45
Premium anti-reflective coatings as follows:	
Tier 1	\$57
Tier 2	\$68
Tier 3	80% of charge
Other add-ons price list	Member cost in-network
Photochromic (plastic)	\$75
Polarized	80% of charge

Blue Cross and Blue Shield of Illinois reserves the right to make changes to the products on each tier and the member's out-of-pocket costs.

*Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands.