## Blue Cross Vision - Allowance Plan 1

## **Access Network**



## **Get more** for less

Complete pair of prescription eyeglasses\*\*

Non-prescription sunglasses

## Find a Provider

- For a list of providers in the RI area visit bcbsri.com, for all other providers visit eyemedvisioncare.com or call 1-855-347-6901.
- For LASIK providers, call 1-877-5LASER6.

Vision Care Services	In-Network Member Cost	Out-of-Network Member Cost
Frames, Lens and Lens Options Package (Any frame, lens and lens options available at provider location)	\$200 allowance for frame, lens and lens options 20% off balance over \$200	Balance over \$100
Contact Lens (Contact lens allowance includes materials only. Any remaining balance for contact lenses may be used within the same benefit frequency.)		
Conventional	\$0 copay, \$200 allowance; 15% off balance over \$200	Balance over \$160
Disposable	\$0 copay, \$200 allowance; remaining balance over \$200	Balance over \$160
Laser Vision Correction LASIK or PRK from U.S. Laser Network	15% off retail price or 5% off promotional price	
Additional Pairs Benefit	40% discount off complete pair eyeglass purchases	N/A
	15% discount off conventional contact lenses once funded benefit has been used	
Frequency Frame & Lenses or Contact Lenses	Once every 12 months	

Please Note: Your benefits cannot be combined with any other discounts, coupons, or promotional offers unless otherwise noted in an offer



This is a summary of your vision benefits. It is not a contract. For details about your coverage, including any limitations or exclusions not noted here, please refer to your subscriber agreement or call our Customer Service Department. If you have questions about receiving medical care, please call your doctor.

VSN-17688