

Blue Cross Vision - Schedule Plan 2 Benefits



You want more time to see the world around you. That's why we designed a health plan that's easy to use. With our network, you can choose from a wide range of independent doctors and retail providers to find the one that best meets your needs and schedule. Plus, you'll save money by using our plan! So let's get started.

| Benefits Snapshot | In-Network Member Cost | |
|--|--|--|
| Exam with dilation as necessary (every 12 months) | \$10 copay | Balance over \$35 |
| Frames (every 24 months) | \$0 copay, up to \$100 allowance; 20% off balance over \$100 | Balance over \$50 |
| Single Vision Lenses (every 12 months) or Contacts (every 12 months) | \$25 copay \$0 copay, up to \$115 allowance; 15% off balance over \$115 | Balance over \$25 Balance over \$92 |

How your plan saves you money

You go to the doctor and have an eye exam, then need to buy new glasses. Here's a look at what the cost would be with your plan vs. without vision coverage. The example is based on a frame that costs \$163 with single vision lenses, and UV and scratch protection. Now look at the difference:

71%
SAVINGS
with us >

| With us | | Without insurance | |
|--------------|--|-------------------|--------------------------------------|
| Exam | \$10 copay | Exam | \$106 |
| Frame | \$163 | Frame | \$163 |
| | - <u>\$100 allowance</u> | | |
| | \$63 | | |
| | - <u>\$13 (20% discount off balance)</u> | | |
| | \$50 | | |
| Lens | \$25 copay | Lens | \$78 |
| | \$15 UV treatment add-on | | \$23 UV treatment add-on |
| | + <u>\$15 scratch coating add-on</u> | | + <u>\$25 scratch coating add-on</u> |
| | \$55 | | \$126 |
| Total | \$115 | Total | \$395 |

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Access Network

Get more
for less

40%
OFF

Complete pair
of prescription
eyeglasses**

20%
OFF

Non-prescription
sunglasses

20%
OFF

Remaining balance
beyond plan coverage

These discounts are for
frames at in-network
providers only

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 |
|---|--|--|
| Exam with Dilation as Necessary Contact Lens Fit and Follow Up (Contact lens fit and follow-up visits are available once a comprehensive eye exam has been completed) | \$10 copay | Balance over \$35 |
| Standard Contact Lens Fit & Follow Up | Up to \$55 copay | N/A |
| Frames | \$0 copay, up to \$100 allowance; 20% off balance over \$100 | Balance over \$50 |
| Standard Plastic Lenses Single Vision Bifocal Trifocal Lenticular | \$25 copay \$25 copay \$25 copay \$25 copay | Balance over \$25 Balance over \$40 Balance over \$55 Balance over \$55 |
| Lens Options (Paid by the member in addition to the price of the lenses) | | |
| UV Treatment | \$15 copay | N/A |
| Tint (Solid and Gradient) | \$15 copay | N/A |
| Standard Plastic Scratch Coating | \$15 copay | N/A |
| Standard Polycarbonate-Adults | \$40 copay | N/A |
| Standard Polycarbonate-Kids under 19 | \$0 copay | Balance over \$5 |
| Standard Anti-Reflective Coating | \$45 copay | N/A |
| Photocromatic/Transitions Plastic | \$75 copay | N/A |
| Polarized | 20% off retail price | N/A |
| Other Add-Ons and Services | 20% off retail price | N/A |
| Contact Lenses (Contact lens allowance includes materials only. Any remaining balance for contact lenses may be used within the same benefit frequency.) | | |
| Conventional | \$0 copay, up to \$115 allowance; 15% off balance over \$115 | Balance over \$92 |
| Disposable | \$0 copay, up to \$115 allowance; remaining balance over \$115 | Balance over \$92 |
| Laser Vision Correction LASIK or PRK from U.S. Laser Network | 15% off retail price or 5% off promotional price | |
| Frequency Examination Lenses or Contact Lenses Frames | Once every 12 months Once every 12 months Once every 24 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.

**40% discount available after the funded benefit has been exhausted



Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.